AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Open Board Meeting

Wednesday, 28 July 2021

10:00am

Note:

- **Open Meeting from 10:00am**
- **Public Excluded to follow**

Marion Davis Library
Building 43
Auckland City Hospital
Grafton

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Published 23 July 2021

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

Agenda
Meeting of the Board
28 July 2021

Venue: Marion Davis Library,
Building 43, Auckland City Hospital, Grafton

Time: 10.00am

Board Members	**Auckland DHB Executive Leadership**	
Pat Snedden (Board Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Dr Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Doug Armstrong	Mel Dooney	Chief People Officer
Michelle Atkinson	Margaret Dotchin	Chief Nursing Officer
Zoe Brownlie	Mark Edwards	Chief Quality, Safety and Risk Officer
Peter Davis	Dame Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Tama Davis (Board Deputy Chair)	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Fiona Lai	Meg Poutasi	Chief of Strategy, Participation and Improvement
Bernie O'Donnell	Michael Shepherd	Director Provider Services
Michael Quirke	Shayne Tong	Chief Digital Officer
Ian Ward	Sue Waters	Chief Health Professions Officer
	Justine White	Chief Financial Officer
Seat at the Table Appointees	Dr Margaret Wilsher	Chief Medical Officer
Krissi Holtz	**Auckland DHB Senior Staff**	
Shannon Ioane	Marlene Skelton	Corporate Business Manager
Maria Ngauamo		
Kirimoana Willoughby	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Agenda

Please note that agenda times are estimates only.

0. KARAKIA

10.00am **1. ATTENDANCE AND APOLOGIES**

Margaret Wilsher and Meg Poutasi.

2. REGISTER OF INTEREST AND CONFLICTS OF INTEREST

Does any member have an interest they have not previously disclosed?

Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

3. CONFIRMATION OF MINUTES OF 26 MAY 2021

10.05am **4. ACTION POINTS**

10.07am **5. EXECUTIVE REPORTS**

5.1 Chief Executives Report

	5.2	Health and Safety Report
	5.3	Human Resources Report
10.30am	**6.**	**PERFORMANCE REPORTS**
	6.1	Financial Performance Report
	6.2	Planning and Funding Outcomes Update
10.55am	**7.**	**COMMITTEE REPORTS**
	7.1	Hospital Advisory Committee
	7.2	CPHAC – Commissioning Health Equity Advisory Committee
11.05am	**8.**	**DECISION REPORTS**
	8.1	CEO Remuneration Review
	9.	**INFORMATION REPORTS**
11.10am	**10.**	**GENERAL BUSINESS**
11.15am	**11.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	29 September 2021 at 10.00am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

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Attendance at Board Meetings

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

2020/2021

Members	8 July 20	12 Aug 20	23 Sept 20	4 Nov 20	16 Dec 20	27 Jan 2021	31 March 2021	26 May 2021
Pat Snedden (Board Chair)	1	1	1	1	1	1	x	1
Joanne Agnew	1	1	1	1	1	1	1	1
Doug Armstrong	1	1	1	1	1	x	1	1
Michelle Atkinson	1	1	1	1	1	1	1	1
Zoe Brownlie	1	1	1	1	1	1	1	1
Peter Davis	1	1	1	1	1	1	1	1
Tama Davis	x	1	1	1	1	1	1	1
Fiona Lai	1	1	1	1	1	1	1	1
Bernie O'Donnell	1	1	1	1	1	1	1	x
Michael Quirke	1	1	1	1	1	1	1	1
Ian Ward	1	1	1	1	X	1	1	1

Seat at the Table

Members	26 May. 21	28 Jul. 21	29 Sep. 21	15 Dec. 21	Meeting date			Meeting date
Kirimoana Willoughby	1							
Krissi Holtz	1							
Maria Ngauamo	1							
Shannon Ioane	1							
Key: 1 = present, x = absent, # = leave of absence, c = cancelled								

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An "interest" can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legisaltion.govt.nz) and "Managing Conflicts of Interest – Guidance for Public Entities" (www.oag.govt.nz).

Register of Interests – Board

Member	Interest	Latest Disclosure
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd	01.07.2021
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Chargenet, Director & CEO – Partner	21.05.2020
Doug ARMSTRONG	Trustee – Woolf Fisher Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Trustee- Sir Woolf Fisher Charitable Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest* Member – Trans-Tasman Occupations Tribunal Daughter – *(daughter practices as a Barrister and may engage in health related work from time to time)* Meta – Moto Consulting Firm – (*friend and former colleague of the principal, Mr Richard Simpson)*	20.08.2020
Zoe BROWNLIE	Co-Director – AllHuman Board Member – Waitakere Health and Education Trust Partner – Team Leader, Community Action on Youth and Drugs Advisor – Wellbeing, Diversity and Inclusion at Massey University	26.05.2021
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties Chair – The Helen Clark Foundation	22.12.2020
William (Tama) DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Board Member – District Maori Leadership Board	30.06.2021

	Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa Director - - Board of New Zealand Health Partnerships Elected Member – Ngati Whatua o Orakei Trust Board Board Member – Auckland Health Foundation	
Krissi HOLTZ	Primary Employer – ASB Bank	07.07.2021
Shannon IOANE	Member – Public Service Association (PSA) Employee at Starship Children's Hospital – Allied Health/Child Health ADHB	07.07.2021
Fiona LAI	Member – Pharmaceutical Society NZ Casual Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association Board of Trustee – Mt Roskill Primary School	08.07.2021
Maria NGAUAMO	Employee – The University of Auckland	09.07.2021
Bernie O'DONNELL	Chairman Manukau Urban Māori Authority(MUMA) Chairman UMA Broadcasting Limited Board Member National Urban Māori Authority (NUMA) Board Member Whānau Ora Commissioning Agency National Board-Urban Maori Representative – Te Matawai Board Member - Te Mātāwai. National Māori language Board Owner/Operator– Mokokoko Limited Senior Advisor to DCE – Oranga Tamariki Engagement Advisor – Ministerial Advisory Panel – Oranga Tamariki Kura Ratapu – Radio Waatea - Wife	08.07.2021
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group Director of Strategic Partnerships for Healthcare Holdings Limited Board Director - healthAlliance	08.07.2021
Ian WARD	Director – Ward Consulting Services Limited Director – Cavell Corporation Limited Trustee of various family trusts Oceania Healthcare – wife shareholder	21.05.2020
Kirimoana WILLOUGHBY	Employer – Ngati Whatua Orakei Whai Maia Ltd	05.07.2021

Minutes
Meeting of the Board
26 May 2021

Minutes of the Auckland District Health Board meeting held on Wednesday, 26 May 2021 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 10am

Board Members Pat Snedden (Board Chair) Jo Agnew Doug Armstrong (via Zoom) Michelle Atkinson Zoe Brownlie Peter Davis Tama Davis (Board Deputy Chair) Fiona Lai Michael Quirke Ian Ward **Seat at the Table Appointees** Krissi Holtz Shannon Ioane Maria Ngauamo Kirimoana Willoughby	**Auckland DHB Executive Leadership** Ailsa Claire — Chief Executive Officer Mel Dooney — Chief People Officer Mark Edwards — Chief Quality, Safety and Risk Officer Dr Debbie Holdsworth — Director of Funding – Auckland and Waitematā DHBs (arrived for item 5.3) Michael Shepherd — Interim Director Provider Services Sue Waters — Chief Health Professions Officer Justine White — Chief Financial Officer Dr Margaret Wilsher — Chief Medical Officer **Auckland DHB Senior Staff** Carly Orr — Director, Communication and Stakeholder Engagement Marlene Skelton — Corporate Business Manager (Other staff members who attend for a particular item are named at the start of the respective minute)

Mihi Whakatau for new "Seat at the Table" appointees.

Tama Davis was afforded the opportunity by the Board Chair, Pat Snedden, to on behalf of Board and Management, provide a mihi welcoming the newly appointed "Seat at the Table" members.

Board members and senior staff introduced themselves to the newly appointed committee members.

1. ATTENDANCE AND APOLOGIES

That the apology of Board Member Bernie O'Donnell be received.

That the apologies of Executive Leadership Team members, Dr Karen Bartholomew, Director, Health Outcomes for Auckland and Waitematā DHBs, Margaret Dotchin, Chief Nursing Officer, Meg Poutasi, Chief of Strategy, Participation and Improvement and Shayne Tong, Chief Digital Officer be received.

[Secretarial Note: The Board Chair, Pat Snedden acknowledged the pressures that Shayne Tong was currently under but advised that he would like to have regular access to his expertise and wanted him present at meetings or via Zoom from time to time.]

2. REGISTER AND CONFLICTS OF INTEREST (Pages 6-8)

Tama Davis advised that "Board Member – Freemans Bay School" could be removed from his register.

Zoe Brownlie advised that "Advisor - Wellbeing, Diversity, and Inclusion at Massey University" be added to her register.

The Corporate Business manager advised that the newly appointed "Seat at the Table" members would be adding their interests to the register once completing their induction training which included an understanding of their responsibilities in relation to Conflict of Interest.

There were no conflicts by any member with any items on the open Board agenda.

3. CONFIRMATION OF MINUTES 31 MARCH 2021 (Pages 9-28)

Resolution: Moved Tama Davis / Seconded Jo Agnew

That the minutes of the Board meeting held on 31 March 2021 be confirmed as a true and accurate record.

Carried

31. Circulated Resolution Endorsement - External Appointments to Disability Support Advisory Committee (Page 29)

Resolution: Moved Tama Davis / Seconded Jo Agnew

That the Board approve the appointment of Shehara Farik, Fafita Finau, Lovely Mahe and Jenny Allison as external members to the Disability Support Advisory Committee

Carried

4. ACTION POINTS (Page 30)

Financial Workshops

The Board Chair, Pat Snedden asked that these workshops now be scheduled and offered to members and new appointees.

5. EXECUTIVE REPORTS

5.1 Chief Executives Report (Pages 31-43)

Ailsa Claire, Chief Executive Officer asked that the report be taken as read, advising as follows:

Vaccination

Ten per cent of the metro Auckland population has now been vaccinated. At the DHB itself there are 12000 people onsite taking into account contractors and sub contractors working on the site. 90 per cent of this number had been vaccinated.

Hospital Occupancy

Hospital occupancy remains high. In March and April, occupancy was about 5.5 % and 5.3% higher than the same months in 2019. This remains a real challenge for the DHB.

Kia Ū Ora – Breast Screening Service Opened

The new Breastscreen Auckland clinic is located in Greenlane and is a collaborative approach between Auckland and Waitematā DHBs. As result of the data matching work undertaken by Dr Karen Bartholomew, Auckland and Waitematā DHBs are the only ones in the country where the percentage of Māori female population screened now exceeds the percentage of non-Māori female population..

International Day of the Midwife

On Wednesday 5 May, the DHB celebrated International Day of the Midwife with a digital campaign which included a screensaver and social media. This was an opportunity to celebrate the work undertaken by these staff who operate in a challenging environment.

New Orderly Uniforms

In April, new uniforms for orderlies were provided. Having a new uniform that they can feel proud to wear, providing recognition of who they are and signalling a professional image is important.

Local Heroes

There have been a number of Local Hero nominations and these are detailed on page 39 of the agenda. These nominations have increased in number making it challenging to choose just one or two.

Professor Nicola Dalbeth

Professor Nicola Dalbeth was this year's winner of the Gluckman Medal for her distinguished contribution to gout research. Margaret Wilsher commented that this was well deserved. Nicolas specialty in gout, a condition that afflicts people of Pasifika ethnicity and causes much disability and misery. Her research has been pivotal in gaining a better understanding in how to manage gout.

Senior Leadership Changes

Vanessa Duthie has been appointed to the role of manager of the Consumer Experience Team.

After considerable consultation a decision on Perioperative and Surgery is iminent. [*Correction to report - Richard Sullivan is one of a number of staff who had been covering the Director of Surgery role*.]

Health Outcomes

The acute patient flow is still holding strong, although not at target, with Starship having performed very well.

The Faster Cancer Treatment target has been maintained.

The DHB is doing well in the area of having people registered with a lead maternity carer which is sitting at 100%.

Immunisations remain a challenge. This is due to the fact that during COVID school nurses were seconded either into ARPHS or the Vaccination Programme. The DHB found it extremely difficult to replace them but now they are back and the DHB is moving into a catch-up mode.

Resolution:

That the Chief Executives report for 15 March 2021 – 9 May 2021 be received.

Carried

5.2 Health and Safety Report (Pages 44-50)

Mark Edwards, Chief Quality, Safety and Risk Officer asked that the report be taken as read, advising as follows:

Training Inductions

There is now the ability to interrogate the KIOSK System to determine the on-line mandatory training that has been undertaken. This is a major advance in combining several recording systems into one providing the ability to summate data.

It was advised that this did not include contractors and that the SAFE 365 process was investigating this aspect.

The two training inductions areas being focused on across the organisation at this time with the introduction of the Kiosk system were health and safety and privacy.

Workplace Violence and Aggression

There has been some rearrangement around the way that the workplace violence programme will be operated given that the Security for Safety Programme is coming to the end of its life. Sue Waters, Chief Health Professions Officer will continue to chair the Workplace Violence and Aggression Steering Group. The membership of this Group will be broadened so that it is representative of all directorates, particularly those carrying high risk. There is to be a Risk Workshop and a new Risk Plan for that Steering Group to work through.

The Board Chair, Pat Snedden was advised that workplace violence and aggression was not tolerated within the organisation but it was still encountered. Ninety per cent of what is encountered is associated with involuntary patient behaviour with some areas being more prone to it than others. An example of involuntary behaviour could emanate from those patients emerging from anaesthesia where not being fully in control they could physically lash out at staff. Technically this type of behaviour must be counted as workplace violence and aggression.

Immunisation Programme

From a health and safety point of view there is a team involved with the set up and on-going running of the vaccination centres. They have been linked closely to the clinical governance

framework which is starting to take shape across the metro Auckland region.

Health and Safety Maturity

Attention was drawn to page 47 of the agenda. All directorates have been working through health and safety maturity associated with the SAFE 365 module. The last component to complete is Director knowledge. This will be completed in the July Board Only session. All board members will be required to complete an online questionnaire detailing their own self reported knowledge.

The Board Chair, Pat Snedden asked that the new appointed members be included in the survey.

Health and Safety Governance Committee

Attention was drawn to page 49 of the agenda. Work has been undertaken to reshape this committee. Human Resources have assisted with the rollout of a tool around high performance and high engagement (previously used by an HR staff member at Air NZ) and there have been meetings with the Unions to help shape what the Health and Safety Governance committee should look like. The Committee will have enhanced involvement from Health and Safety Representatives and more senior leadership involvement.

The Board Chair, Pat Snedden was advised that Union involvement had provided good opportunities in developing the terms of reference and to bring all along in the development.

Doug Armstrong drew attention to page 50 of the agenda and commented that HS12 should definitely be moved across into the likely category. Mark Edwards advised that HS12 is reviewed regularly. This is not about community incidences of COVID 19; it is about the impact on the hospital and its settings. It is a frequent occurrence to have patients with COVID 19 in the hospital and based on controls in place Mark remained comfortable with the rating.

Jo Agnew drew attention to page 50 in the agenda and the statement "(currently under review") asking what was under review, how and when. Mark Edwards advised that the owners of each risk had been revised, a new data reporting and collection programme had been developed and data was being reviewed monthly. By the middle of June it will be known which risks require a deep dive within the next 6 to 12 months noting that deep dives have been completed for Lone Workers and Workplace Violence in the last year. There is also a workshop on workplace violence occurring within the next two weeks.

Jo Agnew commented that with high stress on staff fatigue management (HS09) would need revising and was advised that this would be reported to the next Finance, Risk and Assurance meeting.

Resolution:

That the Board receives the Health and Safety Performance Report for May 2021.

Carried

5.3 Human Resources Report (Pages 51-57)

Mel Dooney, Chief People Officer asked that the report be taken as read, advising as follows:

In September of last year the Board approved Pūmanawa Tāngata, the People Plan through to 2023 and what is before the Board is the quarterly update. This is activity that occurred I the last quarter and activity that is set to happen in the next quarter in a number of the key result areas. A quarterly report on "People Metrics" is also provided.

Mel Dooney advised that there had been an upsurge in roles to be recruited for largely driven by the need to recruit for CCDM nursing. There are 155 additional roles for Auckland DHB in CCDM with another 120 positions in the open nursing roles.

There are 600 nursing vacancies across the region, including those associated with the vaccination programme. There are not 600 nurses available and is going to be a complicated situation to navigate.

The Board Chair, Pat Snedden was advised that the "time to Hire" historically had been improving but now was being tested again. A third of the recruitment team had been diverted to vaccination centre recruitment and while those people were being backfilled they were new to working in a DHB so there is a learning curve to be gone through.

Zoe Brownlie was advised that there were many initiatives in place to support people who may be suffering from fatigue. A number of local initiatives existed around wellbeing and being connected and supported. At the same time management have been successful with annual leave management. Taking both aspects into account this provided a system that delivers some respite.

The Board Chair, Pat Snedden drew attention to page 53 of the agenda and ethnicity reporting commenting that the reporting of this had been improving. Mel Dooney commented that this was one area that had had some focus so that there were clear targets around aspirations. While these aspirations are not being met one of the most important things that can be done is to bring clear visibility to how they are tracking. Many directorates are piloting work around helping, assisting and making sure that recruitment practises are welcoming.

Fiona Lai drew attention to page 55 of the agenda and the reporting on "poor performance" asking what was causing this. Mel Dooney advised that this referred to staff under formal performance management and to give context referred to 10 staff out of a total of 11.500 staff at any one time. This does not take into account those staff that might be under informal management or receiving support from their manager and teams.

Maria Ngauamo drew attention to page 53 of the agenda and mention of Pasifika in the workforce she noted that there was a greater turnover after one years service and asked if it was known why. Mel Dooney advised that it was associated with work environment or personal reasons. Often this related to wanting to work closer to home or having work that is more accessible to them in terms of being able to effectively manage their lives.

Jo Agnew was advised that those that left the organisation had an opportunity to have an exit interview. However, not everyone did that by way of an actual conversation.

Doug Armstrong queried the issue of being 600 nurses short across the region. He felt that there was a push from academic institutions that meant that training could end up being stretched out in some disciplines to the DHBs disadvantage. Doug considered whether the DHB should be more assertive around the necessity for Nurse Aids, shorter courses and/or loan repayment incentives for nurses coming out of courses. Doug wanted to see the DHB being more proactive in addressing shortages. Ailsa Claire advised that historically there were nurses that were not able to find positions but since COVID a change has occurred partly because the DHB could not recruit into the country nurses with the right qualifications. It is not a shortage of providers but more a situation that there are more areas where nurses are required at this time and also the DHB cannot recruit from overseas.

Jo Agnew added that this year in the Auckland region there were 600 nurses sitting the state exam. It was agreed that the Board would like more information around this situation.

Tama Davis drew attention to KRA3 and the mentoring programme with Mel Dooney advising that there had been a slight delay in the programme due to a recruitment required within the team responsible. In the meantime there have been strong collaborative relationships built with Māori wahine in the organisation to take this forward.

Mel Dooney advised that this week the Online Hub had been launched. Thanks were given to Tama Davis, Dame Naida Glavish and Nigel Chee for their time in reviewing all the online material. This is a curated set of articles, journals and podcasts available to staff to help them build their understanding of ti titiriti and knowledge required to address health inequities.

Zoe Brownlie commented that it would be beneficial to have an update on the staff pipeline in general in how the DHB works with schools, universities and kura and other non mainstream education institutions to bring recruits into the organisation.

Doug Armstrong commented that the issue of academic upgrading needed to be addressed as it did not benefit the DHB. A more proactive and innovative approach was required. Ailsa Claire advised that financial allocations to training institutions were now centralised within the Ministry of Health and are currently being reviewed. There is an opportunity to make it clear that the DHBs are commissioning the services. That process is working its way through all areas of health qualification.

Action

That Margaret Dotchin, Chief Nursing Officer email all board members providing a background to the nursing shortage situation.

Resolution:

That the Board receives the Quarter 4 Pūmanawa Tāngata Status Report, noting the progress which has been made across all aspects of the plan.

Carried

6. PERFORMANCE REPORTS

6.1 Financial Performance Report (Pages 58-64)

Justine White, Chief Financial Officer asked that the report be taken as read, advising as follows:

The report contains data to the 31st March which is a timing issue with April results now known. They are largely similar.at overall level but if those elements that were not in the plan were backed out; COVID 19 and the Holidays Act related costs which effectively have not yet received Ministry funding then the DHB net result was a favourable variance of $177K. Year to date the DHB is on track to attain a result of a deficit of $42M against a deficit budget of $45M.

There has been confirmation that the cost in relation to the Holidays Act across all DHBs will be covered by an appropriation from the government of both remediation and project costs to get the payments made.

The difference between the $42M and $45M is $3M of donations of equipment which have been recognised throughout the year.

Advice was given that cash was still in an acceptable position. Detail of cash flow was on page 64 of the agenda.

Resolution:

That the Board receives this Financial Report for the nine months ending 31 March 2021

Carried

6.2 Planning and Funding Outcomes Update (Pages 65-83)

Dr Debbie Holdsworth, Director of Funding – Auckland and Waitematā DHBs asked that the report be taken as read and advising as follows:

Overall it is a busy time in the cycle for the Planning and Funding Team with year-end approaching, still completing annual planning, the late release of the funding envelope and being involved in the vaccination programme.

Kia Ū Ora – Breast Screening Service

The April data has been received from the Ministry and Auckland and Waitematā services are the only ones in the country show coverage for Māori is higher than non-Māori and Pacific coverage is highest of all ethnicities. This is very encouraging. This is a credit to the Māori Health Pipeline and the data match pieces of work which identified under screened Māori women with subsequent action. Within the Auckland Service there has been a pro equity approach for Māori and Pacific women with prioritised bookings for Māori and Pacific women. Screening in the first month occurred for women at double the rate that they are represented within the population. For Auckland, wahine Māori are 7% of the eligible population and were 13% of those screened and Pacific women who are 10% of the eligible

population and 19% of those screened. This is an equity focused strategy that has shown some good outcomes.

Uri Ririki – Child Health Connection Centre

The National Child Health Information Platform (NCHIP) is functioning as a defacto population register for children. It doesn't contain health information but does contain information on children aged 0-6 years of age, who their providers are (if any) and the family's most recent contact details. There are data sharing arrangements in place with MSD, and other entities that now enable the best possible contact information to be obtained. This is helping replace the manual process of 'case reviews' where providers from 6 or more agencies/organisations meet for up to half a day a month to discuss Maori infants who have missed out on immunisations. Staff based in Uri Ririki actively work to engage whanau with a provider/s that best meet their needs, in a timely manner.

Mental Heath

There has been a regional piece of work done on reviewing the model of care for high and complex service users in the region. A paper has gone to the Chief Executives forum providing a view of the appropriate model of care and as a result of that an additional $1.2M in packages of care along with a further $600K for support for alternative residential accommodation for this group is to be budgeted in 21/22. This is to respond to a cohort of high and complex needs service users in mental health who are currently inappropriately placed in the acute mental health units because there is a lack of appropriate intensive community options. Collaborative work is also being undertaken with DSS in the hopes of obtaining some joint package of care funding and more appropriate accommodation options.

Some additional funding has been obtained from the Ministry for collaborative design and implementation support which is intended to help build capability for the changes ahead.

The following points were covered during discussion

The Board Chair, Pat Snedden drew attention to the Well Child Tamariki Ora and B4 School Check commentary and the mention of the reluctance to engage in the process asking if there was any understanding of how that barrier might be removed. Dr Debbie Holdsworth advised that an overall hesitancy had been observed particularly in relation to Maori families following COVID lockdown to have visitors in their homes and to take well children into a general practise where they come into contact with sick people. Collaborative work is underway across metro Auckland with provider and whanau engagement hui to better understand the issues. The outcome of these will be reported back in due course.

Fiona Lai commented that the Asian community too had a fear of receiving the COVID-19 vaccination because of the purported side effects in general and effects on the elderly and those with long term conditions in particular. They have a lot of questions as to whether this vaccine covers all variants of COVID and will provide full protection. There appeared to be a lot of misinformation circulating. She felt that the videos referred to were a good initiative but questioned where it had been placed to be shared. Ailsa Claire advised that specific material for different ethnicities was available. Commonly in use have been Maori TV, local networks, local community providers, in essence anywhere that there appears to be links to

cultural groups.

Tama Davis questioned what the engagement with the PHOS would be like going forward into the new health care reform. How was the DHB looking to maintain the business as usual and the community aspects around service delivery alongside the transition process. Dr Debbie Holdsworth acknowledged that as a very real challenge. A significant proportion of our team capacity sits within the COVID 19 immunisation space and there is a risk of further loss of capacity over time as other opportunities present. We've identified our key priorities to ensure our reduced capacity remains on the important things and readying for upcoming change. This has meant we have had to park more ambitious pieces of work not yet started. A concern remains around maintaining Primary Care BAU delivery particularly in the child immunisation space. The primary care work force is under significant constraints with practices struggling to find locums and nurses with the current recruitment pipeline challenges and there are reports of high levels of burn out. Primary Care is also operating at alert level one physical capacity which means the ongoing use of PPE and triaging in carparks if their physical facilities are not designed to allow separation of the COVID patient flows which directly impacts their productivity. Some practices have determined the supply change logistics that are unique to the Pfizer vaccine compared with flu vaccination challenge their ability to maintain BAU and elected not to participate in COVID vaccination.

Mike Shepherd commented that the dental issue had three elements to it:

- The Auckland Region Dental Service led by Waitemata DHB – has an on-going improvement plan in place and while making headway still has some way to go
- A Regional project led by Aroha Haggie from Counties Manukau DHB looking at the end to end oral health pathway and looking at an equity focused approach
- The Auckland DHB service – the hospital dental service which is looking at improving timeliness in first appointment and improvement in time to operation.

It is likely to take a further year to resolve the Auckland DHB piece of work and that relates to challenges around operating theatre space and staff to deliver the required procedures.

Michael Shepherd commented that the situation was not considered acceptable. There had been a deep dive provided to CPHAC last year around what was being done.

The Board Chair, Pat Snedden commented that the people not receiving care were people at the bottom end of the socio-economic spectrum with a strong bias toward Maori and Pacific. The impasse needs to be broken. Ailsa Claire advised it wasn't simply about funding; the reality was that there was no additional capacity nor additional staff to address the issue. We have been able to secure the mobile bus to provide additional capacity at Counties however this is only available for a time limited period. Alternative options are being explored.

Michael Shepherd commented that time and energy was being invested in redesigning the end to end pathway but that was taking some time because the approach needed to be totally redesigned.

Michael Quirke was advised that the oral health issue had developed over decades and is highly complex with data being only one element involved in any solution. The other part of

the problem lies with where the services are located and how acceptable they are to whanau and whether the benefits and importance of this problem to the population, right back to the prevention phase, is being described in terms that are clearly understood.

Kirimoana Willoughby asked what was being done to engage with iwi Maori because the best source in Auckland was Ngāti Whātuā themselves as they knew where these people lived. What is being done to reach down into the grass roots? Michael Shepherd advised that this was what the end to end programme was investigating. It needed to be kept in mind that ARDs was run by Waitemata DHB and not all the questions being asked today could easily be answered. This was something that could be reported back to the next CPHAC meeting. The whole process needed to be described to provide a good overview and what success might look like.

Action

That the Oral Health Deep Dive paper be updated and recirculated to all Board members and new appointees.

Resolution:

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 31 March 2021.

Carried

7. COMMITTEE REPORTS

7.1 Hospital Advisory Committee (Pages 84-99)

Tama Davis commented that there was robust discussion in some areas with good guidance provided in key areas of interest and how things were tracking through the Provider Arm.

The external members were making a very valuable contribution to discussion.

Resolution: Moved Tama Davis / Seconded Michelle Atkinson

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 21 April 2021 be received.

Carried

7.2 People and Culture Sub-Committee (Pages 100-102)

Zoe Brownlie asked that the report be received.

Resolution: Moved Zoe Brownlie / Seconded Tama Davis

That the unconfirmed minutes from the People and Culture Sub-Committee meeting held

on 6 May 2021 be received.

Carried

8. DECISION REPORTS

8.1 2021/22 Capex Plan Approval –delegated authority to FRAC (Pages 103-104)

Justine White, Chief Financial Officer asked that the report be taken as read advising that this was a procedural matter effectively delegating authority to the Finance Risk and Assurance Committee to approve the 2021/22 allocation of available Capex Funding and the Prioritised Capex List to be funded within the available funding due to time constraints.

Ian Ward advised that Boards cannot delegate major financial decisions to Committees. Ian considered that this should be put to the 30 June 2021 Finance, Risk and Assurance Committee meeting followed immediately by a circulated resolution to Board to endorse the FRAC decision.

This item was withdrawn.

9. INFORMATION REPORTS – NIL

10. GENERAL BUSINESS

There was no general business for discussion.

11. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 105-108)

Resolution: Moved Pat Snedden / Seconded Jo Agnew

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3.0 Confirmation of Confidential Minutes 31 March 2021	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or

		9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.1 Confirmation Minutes of the Emergency Meeting of Joint Board and Finance, Risk and Assurance Committee - 21 April 2021	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4.0 Action Points	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Risk Management Update	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Chief Executives Confidential Report - Verbal	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

	Prevent Improper Gain Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	
7.1 Human Resources Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Finance, Risk and Assurance Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 People and Culture Sub-Committee	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

	disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	
9.1 2021/22 Auckland DHB Annual Plan and Statement of Performance Expectations	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Community Testing Centres funding for 2021/22	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.0 Discussion Reports	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.1 ARPHS role, services, contract and funding	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.2 Vaccination Programme	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would

	prejudiced or disadvantaged if that information was made public.	exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
12.0 General Business	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 4.20pm.

Signed as a true and correct record of the Board meeting held on Wednesday, 26 May 2021

Chair: _____ Date: _____

Pat Snedden

Action Points from 26 May 2021 Open Board Meeting

As at Wednesday, 28 July 2021

Meeting and Item	Detail of Action	Designated to	Action by
27 Jan 2021 Item 6.1 26 May 2021 Item	**Board Financial Workshops** That the Chief Financial Officer and the Director of Funding provide some one hour workshops focusing on the how the financial and funding system worked and to provide some deep dives into the areas that will affect whether the Board will see budget clarity toward year end or not along with the variables involved with that situation. The Board Chair, Pat Snedden asked that these workshops now be scheduled and offered to members and new appointees.	Justine White Debbie Holdsworth	Completed
31 March 2021 Item 5.2	**Oral Health** That the Oral Health Deep Dive paper be updated and recirculated to all Board members and new appointees.	Debbie Holdsworth/ Karen Bartholomew	Completed

Chief Executive's Report

TE TOKA TUMAI
Auckland DHB

5.1

Recommendation

That the Chief Executives report for 10 May 2021 – 11 July 2021 be received.

Prepared by: Ailsa Claire (Chief Executive)

1. Introduction

This report covers the period from 10 May – 11 July 2021.

2. Events and News

2. 1 NZNO Industrial Action

On 9 June members of the NZNO union took part in industrial action from 11am to 7pm.

An Incident Management Team led by Margaret Dotchin, Chief Nursing Officer and Alex Pimm, Director of Patient Management Services worked on strike contingency plans.

Working with NZNO delegates the Life Preserving Services (LPS) roster was filled. This was supplemented with clinical and non-clinical volunteers to support the clinical teams on the wards. There was a lot of good feedback from patients and from the volunteers themselves who worked on the wards.

The day started with hospitals at 99% capacity despite efforts to discharge in the preceding days and reducing overnight planned care. Clinical teams continued to put in place all efforts to safely and appropriately discharge as many patients as possible before the strike began at 11am.

Senior nurses were available to support the wards and respond to any strike-related safety or risk issues. No major risks were reported during the day.

The day continued to be busy and required continued oversight of the incident management team. Occupancy reduced throughout the day and was at 90% in the adult hospital by 4.30pm and 83% for Starship Hospital.

Industrial action is difficult for everyone – both for those who choose to strike and for those who work or volunteer as well as our patients. No matter what our individual choices, I think everyone was united in the safety of our patients and the safety of our people on the day of the strike. The day was a brilliant example of us living our values.

Bargaining negotiations with NZNO continue to be led by TAS on behalf of all the DHBs.

2.2 Responding to winter pressures

Our hospitals have been incredibly busy. Auckland is attracting more people and winter illnesses have hit our staff, our whānau and our patients. This, along with increased workforce demand and difficulty recruiting, is putting pressure on our health system. Our people working in the community are extremely busy and doing incredible work keeping people out of the hospital. And our people in the hospital are working hard to manage the volume.

There is no one simple fix to the issues we are facing but some of the actions to help ease the pressure include:

- Sixty new health care assistants (HCAs) will be joining us in the middle of August. Some of them are part of our new programme to train HCAs on site; others are HCA graduates from MIT. We're putting in place a HCA buddy system to help them get them up and running quickly and safely.
- Through a programme of work called CCDM 'Safe Staffing', we have funded 241 full-time equivalent additional nursing, midwifery and HCA roles and we're actively recruiting. You can see our digital recruitment campaign at kiaoranurse.co.nz and we have an expert nursing and midwifery recruitment team to help.
- We're also looking at how we can free up space in the hospital safely, by reducing patient demand. This includes increasing community support to avoid admissions, more same day surgery or shorter lengths of stay, using the Transition Lounge differently and of course

Some of these will help in the short term; others will take a little bit longer before we start to see their impact. I am incredibly grateful for the efforts and press working incredibly hard.

2. 3 Notable programmes and events

Flu Vaccination

This year we have rolled out the free flu vaccine to our teams a bit differently as many of our vaccinators are supporting the national COVID-19 vaccine rollout. Teams who are in areas with an In-team vaccinator have been vaccinating in clinical areas from 28 May. Vaccination Clinics ran at Auckland City Hospital and at Greenlane Clinical Centre for a limited time. As of 13 July, 47 per cent of our workforce have received the flu vaccine. This number is expected to increase as our in-team vaccinators continue to vaccinate.

Moving towards Zero seclusion

Health Quality and Safety Commission has been leading a piece of work nationally to support DHBs to work towards the safe elimination of seclusion in New Zealand over the past two years.

Auckland DHB is leading the way nationally with this improvement project.

Over the past two years we have seen a significant reduction in seclusion episodes:

- July 19 – June 2020 – 30 seclusion episodes (241.1 hours).
- July 2020 – June 2021 –8 episodes of seclusion (65.3 hours).

As of 2 July, we have been at 152 days Seclusion free.

This year's goal is to continue to work towards elimination. We are seeking the voices of the people who have been secluded this past year to learn from their accounts. So we continue to hold the service user at the forefront of all our interactions. We are part of regional and national groups discussing shared challenges – such as Methamphetamine intoxication.

Clinical safety advance

We've made changes to some needles, syringes and clinical supplies: from Luer to NRFit. It is a significant safety advance, complies with the new ISO standard and we are the first large hospital system to achieve this in Australasia. It is a tribute to Dr Matthew Drake, Deputy Service Clinical Director of Women's Health Department of Anaesthesia and his dedicated team of procurement, technical and clinical specialists that the changeover went smoothly.

First person to have open heart surgery in NZ returns to Auckland City Hospital

On Thursday 8 July we welcomed a very special guest to Auckland City Hospital. Helen Harris, nee Arnold, was the first person to have open-heart surgery in New Zealand. The pioneering surgery led by Sir Brian Barratt-Boyes took place at Greenlane Hospital in September 1958 when Helen was just 10 years old.

Helen Harris (centre) visiting our Cardiothoracic and Vascular Intensive Care Unit team 63 years after her open heart surgery at Greenlane Hospital.

Helen's visit came about when a friend of hers saw news clippings from her surgery on display in the Cardiac Unit. Helen likes to share her experience with others because she believes it can inspire clinicians, and provide hope for heart patients and their families. "Look, this is what happened to me," she says happily. "And I'm still here at 73 and living a full, enjoyable life."

Helen, along with her husband Kevin, took a tour of the Cardiothoracic and Vascular Intensive Care Unit and met our teams from theatres, wards and our intensive care unit. The team all see Helen's photo on display in the Cardiac Unit so they were as delighted to meet Helen as she was to be there.

Whānau Room rejuvenation

In June we opened the first six rejuvenated whānau rooms. As the first hospital in the world to have dedicated te ao Māori whānau spaces, we're proud to be able to bring them back to a condition that honours their heritage.

When our design lab, Ara Manawa, started this work, they worked with whānau, patients and staff, to meet the needs of our community when they're in our hospitals.

Our Whānau Rooms are an expression of manaakitanga | respect. They value and support the contribution whānau make to the health of our patients while acknowledging the spirit of generosity with which the land was gifted by Ngāti Whātua.

Whānau Room opening event. L to R: Nigel Chee - Acting GM Maori Health, Tama Davis – Deputy Chair, Margaret Dotchin – Chief Nursing Officer, Ailsa Claire – Chief Executive, Dame Naida Glavish – Chief Advisor Tikanga, Emma Wylie – Co-Design Manager, Lilla Te Tai – Kaumatua.

Thank you to the generous supporters of the Auckland Health Foundation for funding this special programme.

TVNZ Sunday programme: The reality of stroke

On 27 June the Sunday programme on TVNZ1 focused on the stroke treatment and recovery of Sir Bob Parker. Some of the filming took place in our radiography department, highlighting the ground breaking work on clot retrieval carried out at Auckland City Hospital. This has a significant impact on the health outcomes for people who have experienced a stroke.

Behind the scenes photo of Dr Alan Barber.

Auckland City Hospital wins at Smart Cities Awards!

The Auckland Hospital Digital Twin project team won the Smart Buildings / Smart Tech Parks category at this year's IDCSmartCities Asia/Pacific Awards.

By surveying Auckland City Hospital with cameras, drones, and 3D laser scanners, the team created a 3D model of every nook and cranny of the hospital, including its assets.

The work will help us to reduce costs and increase operational efficiency. Maintenance workers can now remotely view plant rooms, drone images can be used for site planning, and the dashboard can provide live sensors.

Pink shirt day

On Friday 21 May we celebrated Pink Shirt Day. It was fantastic to see so many of our kaimahi in pink. The day was an opportunity to promote ways our people can speak up as well us for us to stand together against bullying, harassment and discrimination in our workplace.

Starship Hospital theatre team celebrating Pink Shirt Day.

We want Auckland DHB to be a positive and inclusive workplace where everyone can feel safe, valued and respected.

3. Our People

3. 1 Local Heroes

Congratulations to our latest local heroes.

Siosinita Alofi, Cultural Advisor - Kari Centre - Child and Family Community. Here is an extract from the nomination for Siosinita (Nita):

"My daughter has been supported by the Kari Centre since July 2020. Nita has been our one constant since our first visit, the overwhelming support I have had from Nita has been incredible. She has truly taken a family centred approach and made me feel like an important person in my daughter's treatment - always available on the phone to give practical support. I always feel heard and validated, and she has allowed me to be open and honest and not feel judged. Nita's role has been critical in my daughter and family's wellbeing. Thank you Nita, we are so blessed to have you as an advocate for a family centred/culturally sensitive approach."

Max Langlands, Operations Manager, Border Team at Auckland International Airport.

This role has involved numerous seemingly impossible tasks – building a swabbing clinic and team, processes and policies from scratch in such a challenging, high stress and unpredictable environment.

He consistently goes above and beyond, to ensure his team have what they need and that the clinic runs smoothly. Max embodies every single one of our core values. He is respectful, caring, a great team player and delivers excellent high-quality service.

Well done Max. Thank you for all of your hard work and dedication in keeping our border and this country safe.

3.2 Cleaners and Orderlies Graduation

Congratulations to our Cleaners who graduated in June with their New Zealand Certificate in Cleaning (Level 3). This qualification is for experienced cleaners who want to gain general skills and knowledge to be able to deliver, guide and promote safe and high-quality cleaning services.

At the graduation ceremony, we also presented certificates to cleaners and orderlies who have recently completed the Step Up programme. A programme designed to support career development.

Our cleaners and orderlies work incredibly hard and do a wonderful job, and adding study to already busy work and home lives is a big commitment.

Congratulations team, we're very proud of you all!

Some of our cleaners and orderlies, at the Graduation Ceremony in June.

3.3 Our extraordinary volunteers – National Volunteers Week 2021

Our volunteers have a big impact on how our patients, whānau and community experience our hospitals. At Auckland DHB our volunteers collectively give a huge 20,000 hours of their time every year. Volunteer Week in June was an additional opportunity to say thank you to our volunteers.

A morning tea for our volunteers was held in the newly decorated volunteer's area. Some of our Senior Leaders became volunteers during the week. Here's what they said about the experience.

"It was fabulous to spend time with some of our pet therapy volunteers. I could see the positive effect they have on patients and staff. Patients were smiling, actively engaged and you could see they were feeling a bit closer to their normal lives." - Mike Shepherd, Interim Director of Provider Services.

"It was an absolute pleasure to spend a brief moment working alongside Geraldine and Jai, two of our blue coat ambassadors. I saw the positive impact a smiling face, welcoming greeting and helpful advice have on our patients and whānau." - Duncan Bliss, Associate Director Perioperative and Surgical.

"A huge thank you to all our volunteers for their amazing mahi. I thoroughly enjoyed my time with pet therapy dog, Oscar. It was great to witness the joy he brought to people." Alex Pimm, Director of Patient Management Services.

Left: Dr Mike Shepherd with Pet Therapy volunteers Ann and Oscar (the dog) and volunteer coordinator Karina; Centre: Duncan Bliss with Blue Coat Volunteer Jai; Right; Alex Pimm with Ann and Oscar.

3.4 Queen's Birthday Honours

Congratulations to our colleagues, Dr Simon Rowley and Fiona Riddell who received Queen's Birthday Honours this year.


Dr Simon Rowley CNZM

Dr Simon Rowley has been named as a Companion in the New Zealand Order of Merit for services to paediatric and neonatal care. Simon has played a significant role in the development of paediatric and neonatal care in New Zealand as a Specialist Neonatal Paediatrician in Auckland since 1984.


Fiona Riddell ONZM

Fiona Riddell has been named as an Officer of the New Zealand Order of Merit for services to cardiac physiology. Fiona has been the Charge Cardiac Physiologist at Auckland City Hospital since 1986, and has made a major contribution to pacemaker and implantable defibrillator research in New Zealand.

He tino pai tō mahi, Simon and Fiona.

And a special mention to Gwen Tepania-Palmer ONZM, former Auckland DHB Board member and Sameer Handa MNZM, Auckland Health Foundation Trustee for receiving honours.

3.5 Professor Warwick Bagg – New Deputy Dean at UoA

The Faculty of Medical and Health Sciences at UoA have recently announced their new Deputy Dean – Professor Warwick Bagg.


Professor Warwick Bagg

Professor Bagg is a practising endocrinologist at Auckland City Hospital. He has recently been focusing on community-led interventions to reduce weight in Māori and Pacific populations and diabetes in youth. His other research interest is in shaping educational experiences that aim to produce a health workforce that addresses inequity in Aotearoa.

3.6 Senior Leadership changes

Mel Dooney, Chief People Officer, will be joining the Transition Unit two days a week on secondment for the balance of the year. She will be supporting Andrew Norton (Change Lead - Transition Unit) and Rosemary Clements (Lead CE – Workforce) as workforce leads across the reform. This is an exciting opportunity for Mel and we wish her well.

Joanne Bos is the new Interim Associate Director of Cardiovascular, following **Dr Mark O'Carroll's** return to his substantive role as a Respiratory physician, Clinical Lead for Heart and Lung Transplant and Medical Advisor for Quality, Safety and Risk Service.

We thank Joanne for stepping up into this role and thank Mark for his fantastic contribution over the last few months.

We have commenced the recruitment process for a new Director, seeking internal, national and international applicants.

4. Communication and Engagement

4. 1 External Communication

Between 10 May and 11 July 2021 we received 217 requests for information, interviews or access from media organisations. This included requests for information or interviews on stroke, cyber security, NZNO industrial action and hospital demand related to winter respiratory illness. Around nine per cent of the enquiries over this period sought the status of patients admitted following incidents such as road traffic incidents.

We responded to 42 Official Information Act requests over this period.

4. 2 Internal Communication

For this period, 923 emails were received. Of these emails, 97 were non-communications-related and where appropriate, were referred to other departments and services at Auckland DHB.

- Nine editions of Pitopito Kōrero | Our News, the weekly email newsletter for all employees, were distributed.
- Eight editions of the Manager Briefing were published for all people managers.
- One COVID-19 Vaccination webinar was held.
- Two COVID-19 Vaccination update emails were sent out to all employees.
- 25 staff emails were sent out to all employees.

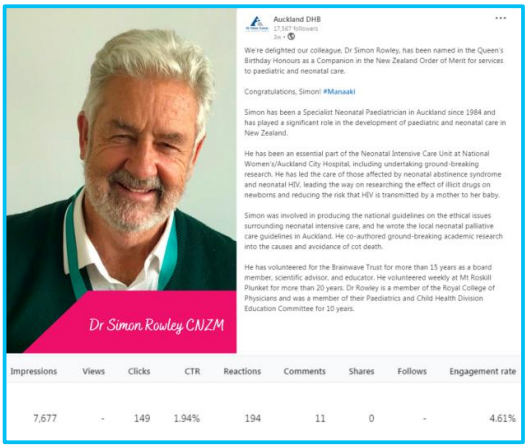
4. 3 Social Media

We continue to engage with our community on social media, celebrating achievements and sharing important health messages.

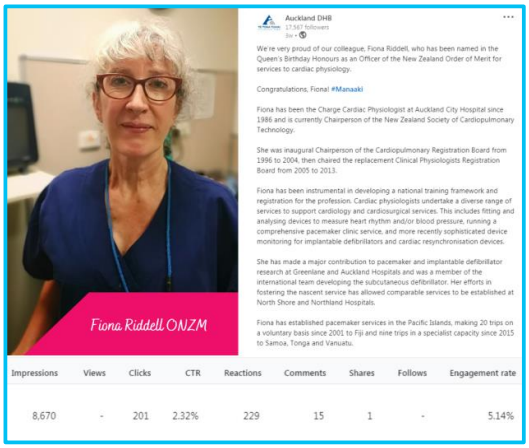
Some of the information we have shared includes:

- Step Up Programme – Lavinia Paparoa
- Te Whare Āwhina
- Whānau room upgrade
- Respiratory viruses
- MoH COVID-19 messaging

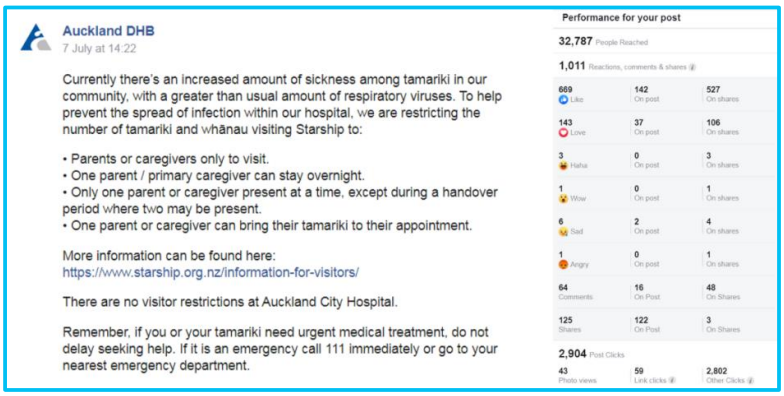
Top performing social media posts

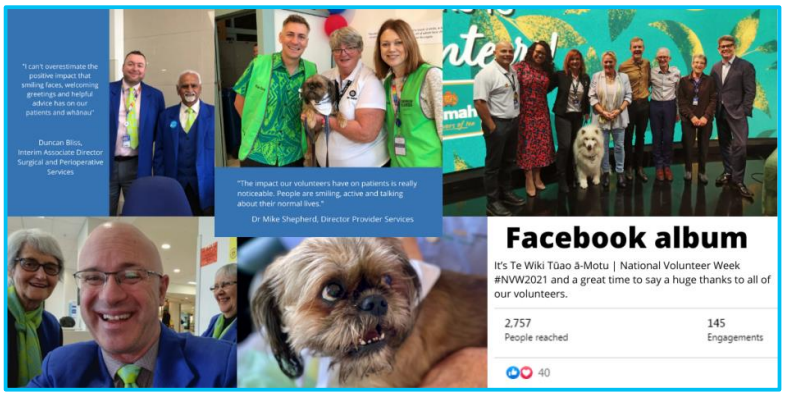


Impressions	Views	Clicks	CTR	Reactions	Comments	Shares	Follows	Engagement rate
7,677	-	149	1.94%	194	11	0	-	4.61%



Impressions	Views	Clicks	CTR	Reactions	Comments	Shares	Follows	Engagement rate
8,670	-	201	2.32%	229	15	1	-	5.14%





5. Performance of our health system

Priority Health Outcomes Summary

	Status	Comment
Acute patient flow (ED 6 hr)		Jun 83%, Target 95%
Improved access to elective surgery (YTD)		93% to plan for the year, Target 100%
Faster cancer treatment		Jun 91%, Target 90%
Better help for smokers to quit: • Hospital patients • PHO enrolled patients • Pregnant women registered with DHB-employed midwife or lead maternity	  	Jun 96%, Target 95% Mar Qtr 82%,Target 90% Mar Qtr 97%,Target 90%
Raising healthy kids		Jun 99%, Target 95%
Increased immunisation 8 months		Mar Qtr 92%, Target 95%

Key:	Proceeding to plan		Issues being addressed		Target unlikely to be met	

6. Financial Performance

The DHB's preliminary and unaudited financial result for the 2020/21 full year is a deficit of $96.2M, against a budgeted deficit of $45M, thus an unfavourable variance of $51.2M. The result is subject to year-end external audits and may change. The unfavourable variance is attributed to an increase in the provision for non-compliance with the Holidays Act of $39.7M and unfunded Covid impacts of $14.7M. The consolidated Business as usual (BAU) operational result (excluding these extraordinary items) is favourable to the approved full year budget by $3.3M, reflecting the Covid related clinical equipment donation from the Ministry of Health (MoH).

At a divisional level, the Provider Arm result is $65.4M unfavourable to budget (mainly due to the unfunded Covid impacts ($14.7M) and unbudgeted Holidays Act provision ($39.7M). This was partially offset by the Funder Arm result which is $14.2M favourable to budget (reflecting favourable prior year adjustments and current year PHO wash-ups) and the Governance and Admin Arm result, also favourable to budget by $83K. The preliminary result is favourable to the previous forecast position by $5.6M, mainly due to a lesser impact on Covid than forecast.

The DHB submitted the Board approved 2021/22 Annual Plan to the Ministry on 2 July 2021, with a budget deficit of $34.9M. Management are responding to MoH questions regarding this budget deficit and we are awaiting formal MoH feedback on the Annual Plan.

7. Auckland DHB at a glance

Health and Safety Report

Recommendation

That the Board receives the Health and Safety Report for July 2021.

Prepared by: Alistair Forde (Director Occupational Health and Safety)
Endorsed by: Mark Edwards (Chief Quality, Safety, and Risk Officer)

Glossary

TRIFR	Total Recordable Frequency Rate (# of Lost Time (LTI), Medical Treatment (MTI) and Restricted Work (RWI) Injuries x 1000000/total personnel hours)
LTIFR	Lost Time Injury Frequency Rate (# of Lost Time Injuries x 1000000/total personnel hours)
AIFR	All Injury Frequency Rate (# of All LTI, MTI, RWI & First Aid Injuries x 1000000/total personnel hours)
BBFA	Blood and/or Body Fluid Accident
EY	Ernst and Young Limited
HSR	Health and Safety Representative
HSWA	Health and Safety at Work Act (2015)
LTI	Lost Time Injury (work injury claim)
MFO	Medical Fees Only (work injury claim)
MOS	Management Operating System
PCBU	Person Conducting a Business or Undertaking
PES	Pre-employment Health Screening
SI	Safety Intervention (previously MAPA)
SMS	Safety Management System
SPEC	Safe Practice Effective Communication (SPEC)
SPIC	Safe Practice in the Community
WPV	Workplace Violence
YTD	Year to date
A/A	As Above

Board Strategic Alignment

Te Tiriti o Waitangi in action	*Occupational health, safety and wellbeing has a close alignment with the Kia Ora tō Wāhi Mahi vision through the development of safety culture and leadership, empowering and developing our leaders to help us flourish and grow by supporting our leaders' capability to nurture their own wellbeing and the wellbeing of their team and keep their people safe, and improving connections and collaboration across the DHB.*

 Eliminate Inequity	*This report details how we are ensuring integrity associated with meeting ethical and legal obligations, and how we are working towards eliminating inequity and strengthening our cultural diversity.*
 People, patients and whānau at the centre	*This report provides information on how the work we are doing that supports patient safety, workplace safety, visitor safety, worker health and wellbeing. Health, safety and wellbeing risks and programmes are inherently focused on staff, patients, visitors, students and contractors.*
 Digital transformation	*This report provides information on the progress of work in progress to enhance our OH&S information management system and integrate data within the service and across QSR*
 Resilient services	*This report provides information on the progress of work programmes and strategies to implement effective resourcing solutions that meet our organisations newfound need for Occupational Health and Safety, promote a culture for our people where we empower and promote good processes and reliable systems to enable delivery of resilient services, information and insight into workplace incidents and what Auckland DHB is doing to respond to these and other workplace risks.*

1. Performance Summary

1.1 Lead Indicators

Description	May	Previous Month (April)	3mth Trend	6mth Trend
Leadership Observations	226	113	↑	↑
Leadership Discussions (H&S Rep Meetings, Regional H&S Technical Advisory Group (TAG) ACC/Safe 365	96	94	↓	↓
Training (Inductions/PPE/Patient Handling)	274	300	↓	↑
Audits/Inspections	64	85	↓	↓
N95 Respirator Fit Testing Appointments	83	294	↓	↓

**This figure is based on fit tests delivered by Occupational Health Nurses and In Team Fit Testers.*

- The N95 Fit Testing project has now closed, with the decrease in appointments reflecting the return to the programme's normal state.
- Leadership observation and discussion activities have been steady, but still lower than pre-Christmas levels due primarily to staff illness and a vacanct health and safety adviser position that is currently being recruited to.
- We have completed a draft PCBU Management and Engagement process that will be ready by the end of July to support the Totika role out in early August to the 7000+ Suppliers/Contractors
- A business case has been submitted to ACC for additional funding in support of expanding the Making Health Safer project to the other DHBs.
- We previously noted there were opportunities to reduce the number and increasing severity of WPV incidents. One opportunity taken was to deliver Safety Intervention (SI) (previously known as MAPA) training to clinical staff across those areas where higher levels of incidents have been reported. Another was the provision of four-hour SI refresher training involving (1) a review of

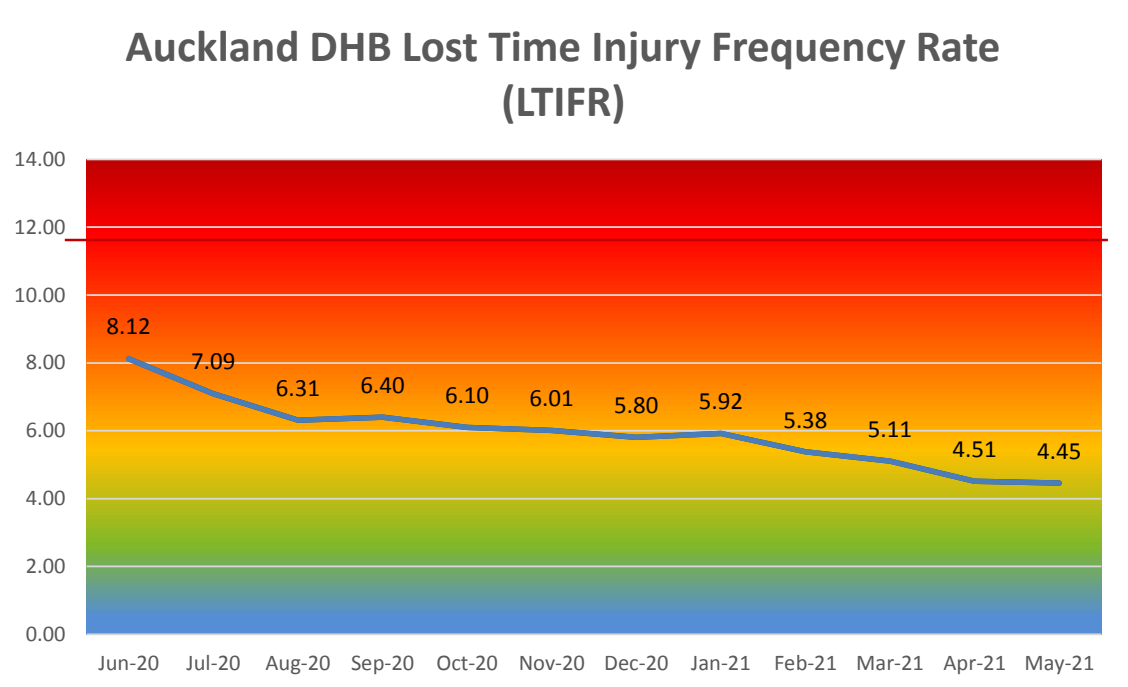
MAPA training and (2) a Code Orange Simulation exercise which was trialled with a pilot cohort of Adult Emergency Department (AED) and Clinical Decision Unit (CDU) staff. Feedback from participants was very positive, with discussions now underway to identify suitable refresher training dates for all remaining AED and CDU staff.

- A further WPV Risk Workshop is planned in late July 2021. The findings and analysis of the issues and discussions from the workshop will result in a draft WPV Workplan being developed for the next three years.

Lag Indicators

Description	Target	May	Previous Month	3mth Trend	6mth Trend	12mth Trend
Total Recordable Injury Frequency Rate (TRIFR)(per 1,000,000 hrs)	-	25.93	25.61	26.36	25.27	21.78
LTI Frequency Rate (LTIFR)(per 1,000,000 hrs)	10.00	4.45	4.51	5.11	5.80	8.12
All Injury Frequency Rate (AIFR)(per 1,000,000 hrs)	-	94.63	93.54	95.21	96.97	119.60

a. 138 injuries were reported in May, including 26 that required medical treatment and 11 resulting in lost time.
b. Despite the ongoing number of LTI's experienced, we continue to see a steady decline in the LTIFR which has been reducing due, in part, to raised awareness through Observations and Leadership discussions taking place across Directorates and services.
c. Contributing factors to lost time injuries were ergonomics (including manual handling) (4), slips/trips/falls (3), workplace violence (2), and collisions (2).



2. Risk Analysis

The key risks and heat map were scheduled for review in May, in line with the recent request from the Board to provide visibility of the timelines for risk review dates. It was anticipated this work would be completed prior to reporting however progress has been delayed. This is primarily due to project workload and staff constraints. To facilitate reporting of the key risks to the next Finance, Risk and Assurance Committee meeting, the projects of focus for the June/July period have been restricted to the risk analysis and Health and Safety Induction refresh work. We have also put an Audit schedule in place to ensure key risks are reviewed formally (refer to Appendix 2).

A revised delivery date to August 2021 will also enable insights and findings from the Workplace Violence and Aggression workshops and the recent fatigue risk workshop to be undertaken and their findings incorporated.

2.1 Key Risks

The three key risks with a residual risk rating of high are as follows:

- Biological Hazards
- Contractor Management
- Work Place Violence and Aggression

Biological Hazards: Regional vaccination capacity continues to rise through community vaccination centres which now number eleven along with outreach, primary health and pharmacy providers. While overall the programme is reporting positively on workforce wellbeing, sites are also noting the additional pressure associated with the lack of staff. Due to a change in mandate, ADHB will not be the PCBU for SVCs after 1 July 2021. ADHB remains the PCBU for the four centres in our metropolitan area. Implementation of the specific H&S incident management software, as was previously planned, will now not proceed.

Contractor Management: The Contractor Management Framework continues to be implemented for Auckland DHB contractors. The pilot group of circa 370 contractors have been engaged in the formal process of on-boarding to the Totika certification as a minimum requirement. The response rate from this group continues to be poor with less than 18% having completed their Totika certification despite multiple channels being engaged to on-board contractors as a call to action. The deadline of 31 May has not been achieved so further action has been taken to incorporate the appropriate wording in contracts as a contractual requirement of service to Auckland DHB to speed up the adoption process. The lessons learnt from the pilot group are being applied to the remainder of Auckland DHB contractors (circa 7,000 contractors) that begin implementation from 12 July, starting with high risk contractors. The goal is to have all Auckland DHB contractors with Totika contractor prequalification by 31 December 2021 to provide the Board the assurance they need from a contractor management perspective.

Health and Safety Maturity: Board Directors have been surveyed as part of the 'Directors Knowledge' module, seeking their feedback on the Board's understanding of safety capability, maturity and performance. Report findings indicate indicate that while the Board is presented with comprehensive reporting which is regularly discussed at each Board meeting, the Board has self-identified areas for further development that will further strengthen the ADHB Board's capability, particularly in the areas of risk management (in the context of good governance), individual & collective understanding of critical legal obligations (specifically officer due diligence obligations, the primary duty of care obligations and also the overlapping PCBU obligations).

Workplace Violence and Aggression: As reported in May, the Workplace Violence and Aggression Prevention Advisor has recently transferred to the Health and Safety team. This has led to an enhanced connection with the Health and Safety team through the existing networks that the Workplace Violence and Aggression Prevention Advisor brings via:

- ongoing work with Security Services on WPV reduction initiatives
- engagement with the Restraint Reduction Advisor, and Directorates, Departments and Wards who report WPV concerns.

An example of this is the new SI refresher training and the Code Orange Simulation exercises noted under Section 1.1.

3. Observations

We completed 33 site visits from which we made 226 observations. Of those observations, 150 were assessed as Safe, 60 as At Risk, and 16 as Significant At-Risk.

The Significant At-Risk observations made in May related to the following areas:

- Hazardous substances – need for improvement of understanding risk management controls for fire safety was observed
- Manual handling work – training oppportunities to support managers and staff to identify / address risks, and to enable reduction of staff exposure to increased patient handling risk were identified
- Vehicles – review of traffic management controls and draft review report completed by Facilities and Development. Where appropriate, enhanced controls will be implemented around the Transition Lounge area to mitigate the risk of collision between vehicles and people. Timeframe for implementation to be determined once review findings have been analysed.
- Contractors – improved clarity necessary around overlapping duties in workplaces shared with others to ensure required controls are in place to facilitate consistent procurement approaches and induction and health screening of contract staff.
- Workplace violence – need to support staff and understand lessons learned by regular debriefs immediately following Code Orange events.

4. Key Initiatives and Activities

4.1 Regional COVID Vaccination Centres

Regional vaccination capacity continues to rise through community vaccination centres which now number eleven along with outreach, primary health and pharmacy providers. As the declared PCBU for super vaccination sites (SVC), ADHB has provided Health and Safety expertise for the establishment of SVCs and Locality Vaccination Centres (LVCs) from site selection, to “go live” and ongoing support and assurance. The team is also providing support to the mass vaccination event currently due to occur late July 2021.

Reporting of incidents, notably under-reporting, is a challenge across much of the programme when we consider eleven greenfield operations being stood up and only 141 incidents having been reported across the total programme, 97 of which come from two sites. Of those incidents reported (excluding clinical) the largest groupings relate to slips/trips/falls, needle stick injuries and

violence/security. The latter two point to the need for equipment or process reviews along with further training, particularly focussed in security and de-escalation.

As reported in prior periods 'workforce', in particular sufficient skilled staff, remains high on the programme risk register with various mitigations underway. While overall the programme is reporting positively on workforce wellbeing, sites are also noting the additional pressure associated with the lack of staff.

Due to a change in mandate, ADHB (while having ongoing overlapping duties related to commercial arrangements), will not be the PCBU for SVCs after 1 July 2021, when operational leadership is passed over to the DHB responsible for the area in which the centre operates. ADHB remains the PCBU for the four centres in our metropolitan area.

4.2 Digital Transformation

Occupational Health Patient Management System: A draft business case for transition of our Patient Management system from Medtech32 to Medtech Evolution is in development. The total life cost has hit a threshold which triggers the need to engage with Healthsource procurement and the potential need to go to market. A request for dispensation is being prepared due to the need for an expedited process.

In the interim, we continue with improving the way we use the current version of Medtech to minimise paper and double handling. Implementation of improvements is iterative as and when staff can consume change and become more confident with functionality during a time of increased workload due to the increase of pre-employment screening.

4.3 Occupational Health and Safety Work Plan

Current activities in progress:

We have completed a Monitoring and Measurement Standard and Expectation which describes our annual auditing schedule, Safe 365 Maturity Assessments and other internal Audit activities for Auckland DHB and how the Directorates will support this. We will be reviewing this with other stakeholders such the Senior Leadership Team for sign off and support. We have also completed documentation relating to Planning, Goals and Targets.

5. Auckland DHB Health and Safety Governance Committee

The Auckland DHB Health and Safety Governance Committee meet six-weekly. The last meeting was held on 31 May 2021. The focus of the meeting was on reviewing and resolving outstanding items on the Actions List and confirming the restructure of the committee would take effect prior to the next meeting, which is scheduled for 26 July 2021.

We are currently reviewing the Terms of Reference and membership of this committee. We are planning on renaming the committee with the new name being the health, safety and wellbeing (HSW) governance committee. The intent is to have a permanent membership made up of several Executive Leadership Team members, Union Representatives and Health and Safety Representatives. The focus of the committee will be on:

- understanding directorate-specific and organisation-wide HSW performance by reviewing integrated data from multiple sources
- ensuring appropriate accountability for HSW performance
- enabling directorates to escalate HSW issues

- overseeing DHB-wide HSW initiatives, committees, working groups and issues
- supporting the implementation of the health and safety strategic workplan
- enabling learning from and sharing of lessons, both HSW excellence as well as incidents.

The HSW governance committee will also provide oversight of and facilitate employee engagement and participation in health and safety, ensuring a collaborative approach with employees and their mandated representatives to resolution of health and safety issues, and in key health and safety initiatives.

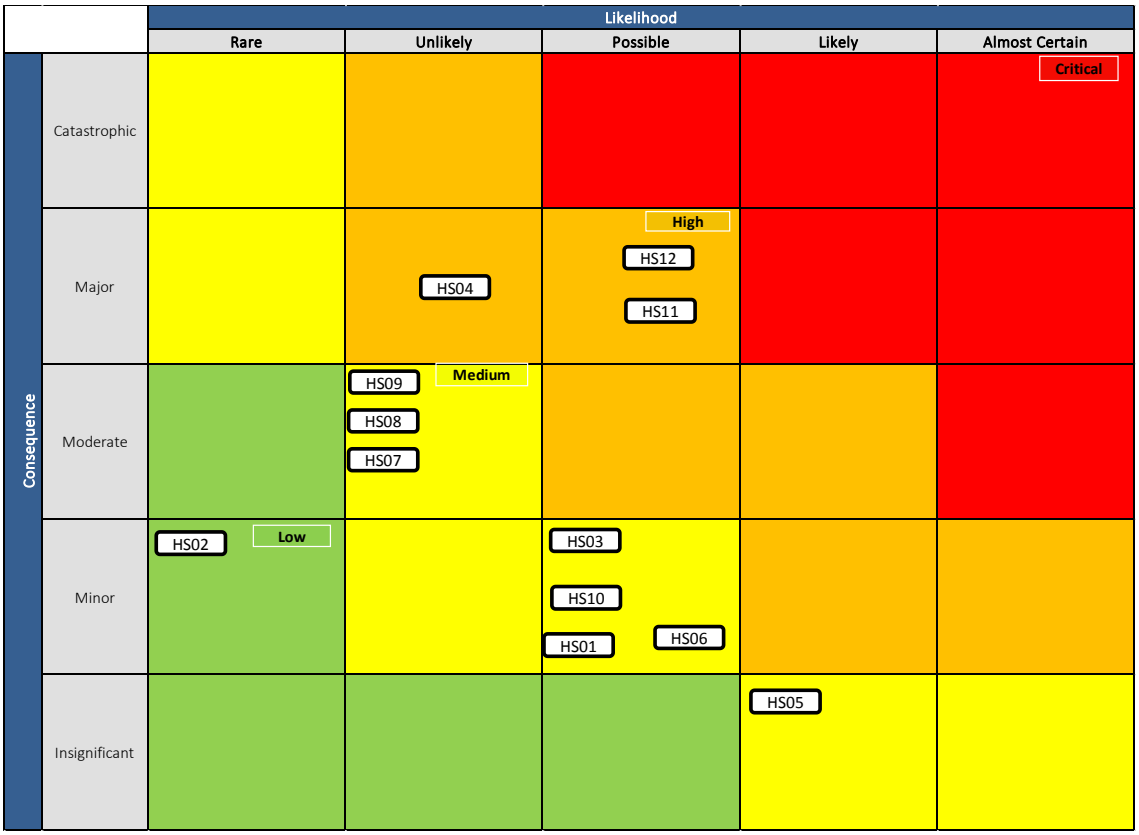
6. External audits

Nil.

Appendix 1

Health and Safety Risks (currently under review)

The following Heat Map of the key risks identified within Auckland DHB from an Occupational Health and Safety perspective.



Key:

HS01 – Asbestos risk
HS02 – Confined spaces
HS03 – Manual handling
HS04 – Remote and isolated work (lone worker)
HS05 – Vehicles and driving
HS06 – Working at height
HS07 – Hot works
HS08 – Contractor management
HS09 – Fatigue management
HS10 – Hazardous Substances
HS11 – Workplace violence and aggression
HS12 – Biological hazards

Appendix 2

Health and Safety and Environment Key Risk Audit Schedule

Key Risk	Type	Freq	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
HS11 - Workplace Violence and Aggression	Int	1/4	✓	✓		✓		✓	✓		✓		✓		✓		✓		✓	
HS 12- Biological Hazards	Int	1/4	✓	✓		✓			✓		✓		□	✓		✓	□			✓
HS08 - Contractor Management	Int	1/4	✓	✓		✓		✓	✓		✓		✓		✓		✓		✓	
HS04 -Lone Worker Protection	Int	1/4	✓		✓		✓			✓			✓			✓			□	✓
HS 01 - Asbestos Management	Int	1/4	✓		✓		✓			✓			✓			✓			□	✓
HS 03 - Manual Tasks (including patient handing)	Int	1/4	✓		✓		✓			✓			✓			✓			□	✓
HS 06 - Working at Heights	Int	1/4	✓			✓		✓			✓		□	✓			✓		✓	
HS07 - Hot Works	Int	1/4	✓			✓		✓			✓		□	✓			✓		✓	
HS09 - Fatigue Management	Int	1/4	✓			✓		✓			✓		□	✓			✓		✓	
HS10 - Hazardous Substances	Int	1/4	✓				✓		✓			✓			✓			✓		
HS05 - Vehicles and Driving	Int	1/4	✓				✓		✓			✓			✓			✓		
HS02 -Confined Spaces	Int	1/4	✓				✓		✓			✓			✓			✓		

Auckland DHB People Dashboard – Quarter 4 2020/21

Recommendation

That the Board receives the Quarter 4 Pūmanawa Tāngata Status Report, noting the progress which has been made across all aspects of the plan.

Prepared by: People and Culture Senior Leadership Team
Endorsed by: Mel Dooney (Chief People Officer)

This Paper is presented for the Board's information.

The Pūmanawa Tāngata Status Report for Quarter 4 gives a brief commentary of this quarter's activity current status, and the next quarters planned activity under each of the Key Result Areas under the plan.

Progress against the whole plan is pleasing in many areas, allowing for the distraction which the COVID-19 response and Vaccination program.

Pūmanawa Tāngata Status Report - Quarter 4 2020/21

Key Result Areas	WHAT	Status	This Qtr activity	Next Qtr Planned activity
KRA1: Continue to strengthen our organisational culture and values	On-going promotion/recognition and development of our values		Incorporating the values into the Employment Brand work. Te Reo word first or only word when using values in our internal communications channels. Collating Spirit of Service award nominations. Celebrate and promote Pink Shirt Day.	Preparation for Leadership Value toolkit - working group set up to identify current leadership understanding, and to build toolkit skeleton.
	Demonstrate our commitment to improving communications, garnering feedback and engagement		Working group for social platform established, workshop planned to identify key requirements. Free platform being investigated. Liaising with Northern DHB comms teams to test appetite for collaboration. Working group established for Employee Council. Communications Strategic Plan finalised. Investigating the use of Poppulo app on mobile to improve communication for non-desk based employees.	Increased focus on reporting and measurement - using Poppulo to determine read rates on Staff alerts, polls to determine levels of interest.
	Continue partnership, inclusion and diversity work		**Accessibility:** We have completed the Hearing Accredited workplace general workplace assessments and noise risk assessments as part of the Hearing Accredited workplace programme - we have been awarded partial accreditation at this time. We hosted two Tangata Whaikaha (Maori Disability) Responsiveness training co-design workshops with Waitemata DHB and kaupapa maori disability services and service users. These were productive and collaborative sessions to begin this work. **Rainbow:** Our Rainbow Tick re-accreditation process has been partially completed with our submission recieving excellent feedback from the assessors. Focus groups are the final piece of that re-accreditation activity and they will take place in Q1 21-22.	**Accessibility:** We are moving forward with the next steps for Tangata Whaikaha responsiveness co-design with Waitemata DHB and Te Roopu Waiora to develop digital resource - which we hope will be utilised across the sector. We are about to commence a research and insight project on organisational inclusiveness for those with a disability. We are currently working to see if we can extend this to be a regional piece of work. **Rainbow:** Rainbow Tick focus groups to take place.
	Creating a Just Culture		e-module completed except for the Chief Executive video still to be incorporated. Successful facilitator regroup completed with support from exec sponsor and high engagement from facilitators. The Disciplinary & Termination policies have been updated. Communication from Mental Health Directors has been sent to all leaders regarding piloting of tool and embedding Just Culture practices - focus groups to follow.	Just Culture e-module to be released to the Champions before being released to wider audience. A Just Culture Statement of Intent to be drafted and finalised. Unions will have provided feedback on the Disciplinary & Termination policies. Focus groups to understand successes and challenges in embedding Just Culture with leaders from Mental Health to be completed and 1:1 tool piloted.
KRA2: Uphold Te Tiriti o Waitangi as our framework to eliminate racism, build cultural safety & achieve health equity	Design & Development of learning supports and resources		Launched online hub aimed to build cultural safety to achieve Pae Ora. Good engagement so far.	Increase engagement with online hub. Create annual speaker series calendar and Journal Clubs to support online learning. Begin development of Domain 2: Mātauranga Māori in partnership with Māori Health Team. Make available endorsed list of facilitators who can deliver to various domains of learning framework.
	Leadership Development		Supporting Provider Directors to build leadership and capability in Te Tiriti o Waitangi.	Continue to support Provider Directors in building leadership and capability in prioritised areas identified through baseline confidence survey (July and beyond). Present leadership insights to ELT Sub Group.
	Measurement of activity		Created a survey to use as a baseline measure to inform learning priorities and measure shift in confidence levels. Piloted with Provider Directors and People & Culture team.	Adjust survey based off pilot learning's. Socialise the availability of survey with Directorates.
	Development of Directorate Plans		Support creation of Directorate-specific learning plans utilising baseline confidence survey, online hub, CoPs and leadership development. Q4 to socialise process of engagement and begin initial partnerships with interested Directorates.	Support Cancer & Blood DLT with co-designed learning pathway. Directorate plan for People & Culture team. Support HR Manager and Consultants to lead this within Directorates.
	Mandatory Training		NA	Complete interim Te Tiriti o Waitangi online module
KRA3: Grow and develop nga Kaimahi Maori	Increasing Capacity		Senior Consultant, Kaimahi Māori Experience appointed; Talent Advisor recruitment process commenced; NZQA accreditation received and planning re: micro credential implementation.	Rangatahi Programme Activity (Introduction Days & Work Experience Weeks); Confirmed micro-credential implementation; Talent Advisor recruited.
	Increasing Capability & Leadership		Tuakana-Teina mentoring and Māori leadership programmes scoping remains a WIP - will be able to progress more with new Senior Consultant starting May 24th	Scope and pilot Tuakana-Teina programme; Scope and confirm Māori Leadership Programme.
	Better Experiences		Kāhui Hononga Network occurring monthly with good attendance. GM Māori whakawhanaungatanga sessions with kaimahi Māori in the lead up to Matariki scheduled; Stay interview kaupapa commenced.	Hohou i te rongo scoping; stay interview pilot in Cancer & Blood Services; whakawhanaungatanga sessions & Matariki hui for kaimahi Māori; Kaimahi Maori hui/rōpū established in Child Health.
KRA4: Implement 'Kia Ora to wahi mahi'- the Te Toka Tumai Health Workplace plan	Employee Support Centre/ Supportive employment		Working with Auckland Health Foundation to progress fundraising plan for the Manaaki Fund (which supports the Support centre). We have implemented an Administration Internship programme with funding received from Te Puni Kōkiri (TPK). This internship started May 31st and will finish in August with participants moving into roles at ADHB at the completion.	Official launch, blessing and naming of the centre. An active programme to market centre offerings to the organization will commence. We will commence the extention of To Thrive initiatives and benefits to the Central Sterile Supply department (CSSD).
	Healthy Workplace plan / strategy		Finish draft strategy/plan. Complete Feasibility process of measuring wellbeing tools.	Prioritise measures and test measuring tools as part of Healthy Workplace in practice pilot programme. Campaign to raise awerness and increase visbaility of Kia Ora tō Wāhi Mahi
	Leadership capability to support wellbeing		Staff council/forum (giving staff a voice) - current state analysis and testing of concept We have defined specifications for social media platform for use in workplace. 'Healthy Workplace in Practice Pilot'- Testing introductory team workshops	Staff council - stakeholder management and engagemnent. Social Media Platform - Decision and plan of action Healthy Workplace in Practice Workshop - continued delivery
	Feeling Safe & Supported at Work		Designed decision tree and developed guides for managers and employees guides around supporting employees in crisis	Sharing the 'Employee in crisis' decsion tree and guides across the organistaion.
	Short Term Action Plan: Occupational Health		Publish Occupational health data set to organisation. Business case for wellbeing index survey deployment. Union engagement on Sick Leave guidance and Occupational Health referral information.	Publish tools for managers for managing Sick Leave, Loss time injuries and redeployment.

Pūmanawa Tāngata Status Report - Quarter 4 2020/21

Key Result Areas	WHAT	Status	This Qtr activity	Next Qtr Planned activity
KRA5: Attract & grow a workforce that is fit for the future	Talent Acquisition Strategy		New Nursing campaign developed targeting local & overseas markets in order to increase applications to address vacancy levels. In addition to the campaign, a specialiust Nursing Recruitment team as been set up with the objective of enabling better utilisation of nursing candidate talent, improve sourcing effectiveness and gain efficiencies that should enable imrpovements in other areas of recruitment. Roll out began late in quarter and cements in across Q1 21-22. New HCA (Healtcare assistant) training programme developed and launched late in quarter - targeting 30 to 40 placements to address HCA vacancy levels. Vaccination recruitment continued to meet regional site requirements.	Nursing recruitment campaign commences early July. Nursing Recruitment team will be fully extablished by end Q1, early Q2.
	Talent Management		Tools and guides to support development conversations have been created. Manager briefing and coaching has been well received. Talent has been mapped and development conversations are now underway.	Gather feedback from the pilot to enhance the process and employee experience and build into talent approach for the wider organisation. Develop guides and developmental approach for HR Partnering to ensure they can lead talent management across their directorates. Establish second pilot group, potentially Mental Health.
KRA6: Make it easier to work here - improving the manager and employee experience of people processes	HR Customer led improvement programme		Analysis of information gathered from Directorates completed and awaiting prioritising by HRLT. (Work on some of the improvement opportunities identified has started anyway as it had been identified independently of the customer research.)	Finalise and implement agreed priorities.
	HRIS Strategy		A workshop was held with Deloitte to develop an HRIS Strategy through the customer lens. A draft of the outcomes has been presented by Deloitte to the participants of the workshop.	Agree priorities across the region and timelines for future planning.
	Mandatory Training		Mandatory training compliance reporting developed and live. Drop-in sessions between GCC and ACH currently being run - feedback so far has been positive. SLT have confirmed the list of mandatory training for all organisational members and robust process for additional training requests has been established.	Evaluate uptake and use of mandatory training report Reporting for Directorate, Profession to be developed with HR Reporting.
	Workforce Dimensions Implementation		**UKG, ADHB & healthAlliance deliverables completed:** Trendcare API Developed and in testing Functional testing well underway - 83.1% passed; Timecard testing - 46.7% passed, 4 showstopper issues being worked through by UKG Global support team Change management underway - SLT team meeting attended; Directorate team meetings attended; UAT Training and user guides underway Integrations to and from Leader built, waiting for fix for Mulesoft from hA Reporting waiting on new SQL Datahub application in Google Cloud Business structure now finalised	July 2021 for comms and change mgmt; manager briefings and webinars and videos; moving config to parallel run environment, start parallels, testing Release 8 comments functionality which is not available in current release Go/No-go decision for prod deployment 1: 13 Aug WDHB go-live 16 August ADHB go-live 30 August for FN1 and 7 September for FN2
	Holidays Act	**DELAYED. Due to extended procurement and approval process**	Sign contract and onboard remediation vendor. Remediation phase planning. Obtain Business Case approval Identify resources (people and location) for Rectification Backfill BAU resources and on-board project resources Rectification planning. Organise office space for project team to move into.	Remediation - Data extraction and validation Rectification - Solution analysis and design, Change management. Commence Recruitment of resources for the program.

Te Toka Tumai: Pumanawa Tangata Planned Activity 2021-2022

Recommendation

That the Board receives the Pumanawa Tangata Plan for 2021-2022

Prepared by: Mel Dooney (Chief People Officer)
Endorsed by: Ailsa Claire (Chief Executive Officer)

1. **Haere Mai:**

Te Toka Tumai Pumanawa Tangata was established in September 2020 for a focus period of three years.

There are six key focus areas of work:

- Tupuranga Tahi: Strengthen our workplace culture
- Tupuranga Rua: Building Capability to achieve equity
- Tupuranga Toru: Grow and Develop ngā kaimahi Māori
- Tupuranga Wha: Kia Ora tō Wāhi Mahi: Be well at work
- Tupuranga Rima: Fit for the Future
- Tupuranga Ono: Making it easier to work here

The following paper outlines the core activity to be undertaken under each of the Tupuranga for the 2021-2022 financial year.

These key activities will form the basis of our quarterly status update reports to the board.

Tupuranga Tahi: Strengthen our workplace culture

Tupuranga Tahi is about building the capability of our leaders to create a safe workplace, where our people feel welcomed and respected, regardless of their abilities, heritage, background or preferences. Our people want to feel connected to each other, and they want to be able to have their say. Tupuranga Tahi is about protecting and enhancing the mana of everyone we interact with. Through this mahi, our values will come to life for our people and our communities.

This tupuranga includes the following workstreams of activity in 2021/22:

1. On-going promotion/recognition and development of our values
2. Demonstrate our commitment to improving communications, garnering feedback and engagement
3. Accessibility
4. Rainbow inclusiveness
5. Just Culture
6. Speak Up review / safe pathways to report racism

Workstream	Quarter to be delivered
Workstream 1: On-going promotion/recognition and development of our values	
Incorporate the values into Employment Brand and EVP work, Staff Alerts, Hippo Stories and investigate e-cards, including a values based social media campaign	Q1 – Q3
Development of Leaders' toolkit – refresh of the values, include videos of values in Māori	Q3
Implement Storytelling workshops – leading to Leaders Toolkit – to support leaders to share their values stories	Q4
Workstream 2: Demonstrate our commitment to improving communications, garnering feedback and engagement	
Conduct Communications Survey – bench mark cut through, engagement, ability to feedback, belief in values, etc.	Q1
Health System Review – comms plan to ensure our people feel informed and can get involved	Q1 – Q4
Review web and Intranet for Accessibility, improve web and intranet	Q2 – Q3
Trial and Launch two -way digital channel	Q1-Q3
New tone of voice applied across all internal and external touchpoints	Q3 – Q4
Leader cascade focus – educate, empower, and measure – equity lens	Q4
Workstream 3: Accessibility	
Progress Tāngata Whaikaha eLearning co-design (in partnership with WDHB)	Q1-Q2
Research & Insights project 'organisational inclusivity for employees impacted by disability' (in partnership with Northern region DHB's)	Q1-Q4
Facilitate further lived experience lunchtime speaker series	Q1
Progress recommendations to maintain Accessibility Tick	Q1-Q2
Complete actions to receive full HAWP accreditation (Hearing Accredited Workplace Programme)	Q1-Q3
Workstream 4: Rainbow inclusiveness	
Launch new Rainbow tick online learning modules for all staff	Q1
Complete annual Rainbow Tick evaluation and set related objectives	Q1
Support the Rainbow Employee network to develop programme of activity regarding importance of personal pronouns	Q3
Work with Rainbow Employee network to survey Rainbow/Queer employees who may not be reached by Tick Focus groups	Q3-4
Workstream 5: Just Culture	
Reviewed policies and new guidelines are launched	Q1
Online module is released to organistion	Q1
Develop and pilot tool to support managers to have effective 1-1 conversations (framing to emphasise whanaungatanga, psychological safety and learning culture)	Q1

Workstream 6: Speak Up review / safe pathways to report racism	
Review the Speak Up programme, is it fit for purpose as it currently stands	Q1-Q2
Scope and establish pathways of reporting racism (Datix for IR / patient related & speak up for kaimahi)	Q1-3
Improve comms re current improvements made across the organisation, as a result of reporting	Q2-Q4

Measures & Targets

Under this tupuranga we will measure our progress in the following ways:

- Use of e-cards (at least 100 per month at launch, shifting to 300 per month by end of Q4)
- Response to values-based social media campaign (
- Submissions from teams following leader's toolkit (>50% team response rate)
- Comms survey results positively increase by >20%
- > 40% read rates and click through to detailed information (currently 30% max)
- Uptake of 2-way social media channel (>80% of office based and >50% of clinical)
- Results of leadership cascade – teams tested score 50% or more
- Increase in the number of employees attending/completing disability awareness training/eLearning
- Personal pronouns used becomes more commonplace in email signatures
- Rainbow/Queer folk at ADHB are surveyed
- 80% of all managers completed Just Culture training by end of June 2022
- Evidence of Just Culture practices and in play across directorates
- Just Culture statement of Intent policies signed off and launched
- Pathway to report institutional racism and patient related established
- Pathway for kaimahi to report racism safely is established

Tupuranga Rua: Building Capability to achieve equity

Supporting two of our strategic pillars "Te Tiriti o Waitangi in action & Eliminate Inequity', this Tupuranga focuses on activity to support our people to dismantle racism in all its forms, to adopt the skills required to practice in a culturally safe way and to uphold the principles of Te Tiriti o Waitangi in the way that we deliver our services – all towards the outcome of providing equitable care and outcomes for our patients and their whānau.

There are many factors which will support our ability to dismantle aspects of our systems, processes and attitudes that perpetuate inequities. This tupuranga serves to support the workforce capability required to effectively uphold Te Tiriti and Eliminate inequity. In order to do make progress in this area our people need to work from a common view about why this work is necessary and important and they need opportunities to learn and practice behaviours and skills that support cultural safety.

This tupuranga includes the following workstreams of activity in 2021/22

1. Develop learning pathways
2. Leadership development
3. Integrate learning pathways with Directorate business plans
4. Reviewing our people processes to ensure they support and reinforce cultural safety

Activity for 2021-2022

Workstream	Quarter to be delivered
Workstream 1: Develop learning pathways	
Online Hub – Domain One of Capability framework implemented (Tiriti o Waitangi; Institutional Racism; Maori Health Equity & Cultural Safety)	Q1
Online Hub – Domain Two of Capability framework implemented (Mātauranga Māori; Te Reo; Tikanga)	Q2-3
Mailing community implemented	Q1
Journal club(s) implemented	Q1
'Putting it into practice' guides designed and implemented	Q1-Q4
Programme of organisational events (speakers, panels, discussions, celebrations) is implemented	Q1-Q4
Workstream 2: Leadership development	
Provider Directors programme	Q1-Q2
Leadership Expectations identified and articulated for all people leaders	Q1-Q2
Establishment of Community of Practice for 'Leading for Equity'	Q3
Directorate Leadership teams programmes designed and implemented	Q1-Q4
Workstream 3: Integrate learning pathways with Directorate business plans	
Directorate people plans include focussed activity	Q1
Review and evaluate plans each quarter	Q1-Q4
Workstream 4: Reviewing our people processes to ensure they support and reinforce our strategies and support cultural safety	
Review Performance Management processes	Q3-Q4
Review Selection and on-boarding processes	Q3-Q4

Measures & Targets

Under this tupuranga we will measure our progress in the following ways;

- 20% of employees have engaged in the online hub in Year 1
- Number of people joined mailing community Target 10%
- Downloads of 'Putting it into practice' guides
- Number of people completed MDP – Leading for Equity online and face to face programme
- Participation in organisational events – numbers to grow across event programme
- Number of Journal clubs implemented
- Communities of practice exist within Directorates
- An increase in confidence survey results (where a baseline has been implemented)
- Qualitative feedback on leadership development activities
- Business plans fit for purpose and signed off by Director of Provider Services

Tupuranga Toru: Grow and Develop ngā kaimahi Māori

We proactively attract, recruit and grow Māori talent.
We provide a better experience for kaimahi Māori with Māori values and worldview at the forefront.
We develop Māori leadership and decision making across all levels of the organisation.
We create opportunities for kaimahi Māori to whakawhanaungatanga.

This tupuranga includes the following workstreams of activity in 2021/22

1. Māori representation and leadership at all levels throughout the organisation to actively govern, design, deliver and monitor systems, structures and policies that reflect Māori values and worldview. This includes accelerate pathway opportunities to targeted senior level leadership roles.
2. Māori workforce reflects the proportionality of our Māori population with progression towards matching services to utilisation
3. Mātauranga Māori permeates the āhua of Te Toka Tumai building kotahitanga and rangatiratanga in the advocacy of Māori Health equity through tūranga and whanaungatanga

Activity for 2021-2022

Workstream	Quarter to be delivered
Workstream 1: Māori representation and leadership at all levels throughout the organisation to actively govern, design, deliver and monitor systems, structures and policies that reflect Māori values and worldview. This includes accelerate pathway opportunities to targeted senior level leadership roles.	
Establish Māori Workforce Steering Group	Q1
Establish Māori Leadership Development Programme	Q3
Support directorates to establish Kaimahi Māori hui	Q2
Maintain Kāhui Hononga Network monthly hui	Q1 – Q4
Establish Tuakana – Teina mentoring + Kaupapa Māori Supervision frameworks	Q4
Workstream 2: Māori workforce reflects the proportionality of our Māori population with progression towards matching services to utilisation	
Build effective relationships with kura to increase engagement and participation of tauira Māori in the Rangatahi Programme	Q1 – Q4
Implement NZQA Micro-credential as part of the Rangatahi Programme	Q2
Partner with Kia Ora Hauora through the Rangatahi Programme and graduate profiles	Q1
Establish recognition and reward approach for cultural intelligence	Q4
Workstream 3: Mātauranga Māori permeates the āhua of Te Toka Tumai building kotahitanga and rangatiratanga in the advocacy of Māori Health equity through tūranga and whanaungatanga	
Adopt Hohou i te Rongo (restoration of peace) into disciplinary policy and process	Q3
Establish and complete stay interviews for all kaimahi Māori.	Q2

Measures & Targets

Under this tupuranga we will measure our progress in the following ways;

- Number of enquiries received by the Māori Workforce Steering Group
- Number of participants who attend:
    - Kahuo Hononga Network
    - Directorate hui
    - Māori Leadership Programme
- Number of kaimahi Māori People Leaders
- Number of kaimahi Māori in Tier 1-3 roles
- Percentage of kaimahi Māori turnover in first year
- Percentage of kaimahi Māori turnover
- Number of Tuakana in mentoring programme
- Number of Māori who have accessed mentoring
- Qualitative measures from interviews with Teina at the end of the mentoring period
- Number of Māori participants that express interest in joining the health sector
- Number of Māori students involved in the Rangatahi Programme
- Number # of schools engaged with Rangatahi Programme
- Number of Māori students attaining Rangatahi Programme micro-credential
- Methodology to reward and recognise cultural intelligence estabished
- Stay interview form created; methodology for kaimahi Maori established
- Restorative process established

Tupuranga Wha: Kia Ora tō Wāhi Mahi: Be well at work

Our work in this tupuranga focuses on our intention to build a healthy workplace. We want to support our leaders, so that they may enable an environment that holistic wellbeing, and does not do harm.

At an organisational level, we want to provide spaces and services that help to build essential skills for career development progression, leading to wellbeing and mentally healthy work and opportunities for people to connect and have their voice heard.

The outcome for Tupuranga Wha: Kia Ora tō Wāhi Mahi: Be well at work is our workforce are Tapu (safe), Ora (well/healthy) and achieving its potential.

This tupuranga includes the following workstreams of activity in 2021/22

1. Awhi Ōranga – our employee support centre
2. To Thrive
3. Feeling safe and supported at work
4. Giving staff a voice
5. Systems of work
6. Leading for Wellbeing

Activity for 2021-2022

Workstream	Quarter to be delivered
Workstream 1: Awhi Ōranga – our employee support centre	
Official centre and fundraising programme launch	Q1
Centre offerings marketed to organisation – additional offerings implemented as identified	Q1-Q4
Engagement of Awhi Ōranga champions across the organisation	Q2
Workstream 2: To Thrive	
Career development programmes continued (Communication for Career Development; ESOL programmes)	Q1-Q4
Career development and employment pathway resources that are easy to understand, use and access	Q2-Q4
Extension of To Thrive benefits to CSSD	Q2
Workstream 3: Feeling safe and supported at work	
Focus on Psychological Wellbeing – implementation of campaign, support programme and resources	Q1- Q4
Workstream 4: Giving staff a voice	
Exploring implementation of digital social platform	Q1-Q4
Implementation of Employee Council	Q1-Q2
Workstream 5: Systems of work	
Return to work programme scoped and implemented	Q1-Q4
Healthy workplace criteria is embedded into prioritised processes, guidance and procedures	Q2 – Q4
Workstream 6: Leading for Wellbeing	

Design, pilot and review a healthy workplace in practice programme for teams	Q1-Q4

Measures & Targets

Under this tupuranga we will measure our progress in the following ways;

- Uilisation of Awhi Oranga activities and the centre itself
- Manaaki fund Fundraising plan meets targets
- Increase in numbers of To Thrive workforce progressing their careers through development opportunities and/or job progression
- Utilisation of career development resources on Hippo for self-selection and self-management of learning
- Increase in people accessing preventative psychological wellbeing initiatives/resources e.g. Team Development MDP and Kāhui Oranga National wellbeing for health website
- Number of prioritised Directorates/Teams participating in healthy workplace practice programme pilot

Tupuranga Rima: Fit for the Future

In an increasingly agile employment environment, and one that is coming to terms with the ongoing impact of COVID-19 it is important that we respond to the changes this brings in a considered way.

This means articulating our employment offering in a way that speaks to our purpose, values and connection to mana whenua and focuses on all parts of the employment pipeline including internal talent management and development.

This tupuranga includes the following workstreams of activity in 2021/22

1. Talent Acquisition
2. Talent Management

Activity for 2021-2022

Workstream	Quarter to be delivered
Workstream 1: Talent Acquisition	
• Stratified sourcing model for volume, specialist and hard to fill positions ○ Complete set up of new Nursing/HCA Recruitment Team within recruitment function ○ Review & identify sourcing & process improvement opportunities within nursing/HCA recruitment ○ Implement sourcing & process improvement for nursing/HCA recruitment ○ Trial Sourcing Specialist position	 Q1 Q2 Q3 Q2
• Nursing Recruitment campaign	Q1-Q2
• Review of recruitment sourcing & processes by Talent Consultant - Māori	Q2
• Implement Candidate Experience measurement suite ○ Onboarding and candidate experience survey ○ Identify & implement improvements	 Q1 Q3
Workstream 2: Talent Management	
• Pilot for Kaimahi Māori ○ Build confidence and capability in having development conversations (leaders and kaimahi) ○ Gather pilot feedback from the leaders and kaimahi Māori Midwifery to inform our Talent Management approach for the wider organisation ensuring it incorporates te o Māori. ○ Complete pilot for Mental Health and gather feedback from kaimahi Māori. ○ Develop support tools based on learnings from pilots. ○ Evaluate effectiveness of new process and tools. ○ Consult with Māori leaders to ensure fit for purpose.	 Q1 Q1 Q2 Q2 Q3 Q3
• Roll out Talent Management to wider organisation ○ Identify and engage priority groups – ie. Cancer & Blood, Mental Health, Womens Health, Child Health	 Q1-Q4
• Identify capability in talent management ○ Identify capability gaps for key stakeholders ○ Identify and review current relevant MDP modules	 Q1 Q2

Measures & Targets

Under this tupuranga we will measure our progress in the following ways;

- Time to hire is reduced by average 5 days January to June 2022 versus 2021
- On-boarding survey shows improvement in satisfaction
- Hiring Managers report improvement in satisfaction via survey
- Development conversations completed for all Māori Midwifery and Mental Health Māori employees and development plans recorded in Kiosk
- 100% of kaimahi Maori in the pilots to be mapped on the talent matrix

Tupuranga Ono: Making it easier to work here

Minimising the administration of HR processes and freeing up our people and their leaders to do their best work, for patients, whānau and for each other is the overall deliverable for this tupuranga.

We will do this through making our systems simpler to use, analysing and providing data to make decisions and constantly looking for opportunities to streamline processes in order to improve the customer experience. We have prioritised our 2021-2022 initiatives based on feedback from the services to ensure that the work we do is what is important to them.

This tupuranga includes the following workstreams of activity in 2021/22

1. Re-establishing an exit survey process to better understand why our employees leave. A particular focus will be our kaimahi maori and pacific employees.
2. Establishing a new way of managing mandatory training and ensuring that all mandatory training is completed in the required cycle i.e. annually
3. Learn HR sessions will provide opportunities for our Managers and employees to hear about P&C initiatives, learn how they can improve what they do through new systems and processes and have an opportunity to ask questions of the P&C team
4. Improving the customer askHR experience using tracker through keeping our employees informed on the progress of their queries
5. Streamlining the recruitment and onboarding processes to ensure both Managers and new employees have a positive experience.

Activity for 2021-2022

Workstream	Quarter to be delivered
Workstream 1: Re-establishing an exit survey process	
• Establish exit survey process • Analyse and report on outputs from Exit survey • Establish LearnHR (lunch and learn) series • Improving the customer askHR experience using askHRtracker • Streamlining the recruitment and onboarding processes	Q1 Q2, Q3 Q4 Q1 Q3 Q4
Workstream 2: Mandatory Training	
• Monitor compliance with Core Mandatory Training requirements • Monitor use of Mandatory Training reports • Review core Mandatory training modules for learning efficacy – update as required	
Workstream 3: Mahi ē taea (Dimensions)	
• Phase One: Installation of new programme • Phase Two: Customisation to configure system to directorate/service needs • Phase Three: Sessional Rostering	Q1 Q4 Begins Q4
Workstream 4: Holidays Act	
• Work completed as per programme plan	Q1-Q4

Measures & Targets

Under this tupuranga we will measure our progress in the following ways;

- exit survey data & mandatory training completion rate improvement

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

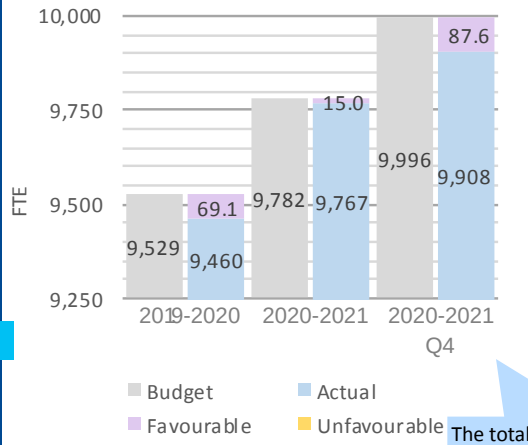
What does our workforce look like?

- Financial FTE in Q4 of FY 2020-2021 was 0.9% under budget (9,996 FTE). This equates to 87.6 FTE (excluding outsourced personnel).
- As at 30 June 2021, there are 10,841 employees (headcount) at Auckland DHB, excluding staff on casual contracts or those on extended leave.

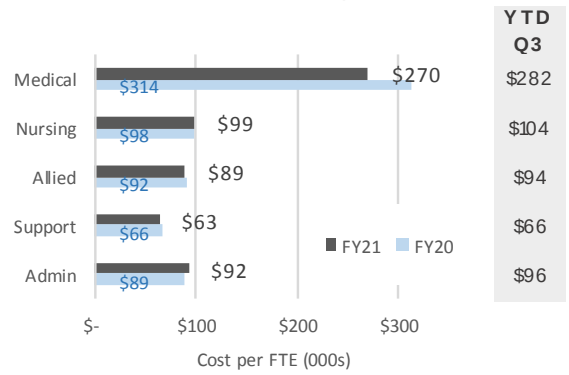
Attracting talent to our workforce

- As at 30 June 2021, ADHB are currently recruiting for 740 vacancies – up from 551 vacancies at the end of March. This volume is significant and is the largest volume of vacancy for many years.
- In this quarter there are a number of new roles to be recruited to as a result of agreed CCDM Nursing FTE increases, but we are seeing a larger number of vacancies as the result of Turnover.
- We have also seen an increase in the number of vacancies who have a 'life' of more than 90 days. This indicates a difficulty to find candidates either due to skills in short supply, or shortage of candidates to progress.
- We have worked to support the region in recruiting for staff for the vaccination centres. This is an ongoing process until all sites are fully implemented.

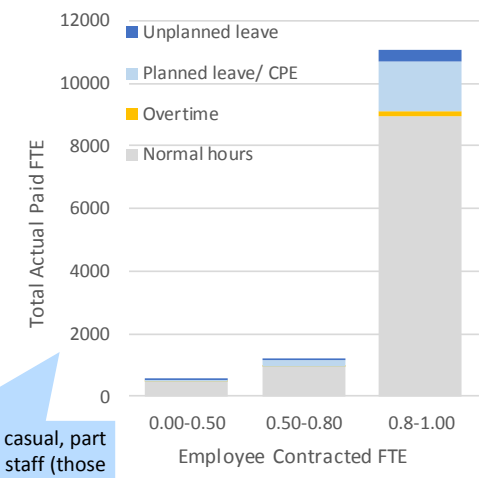
Budget vs Actual FTE



Total Workforce Cost per FTE



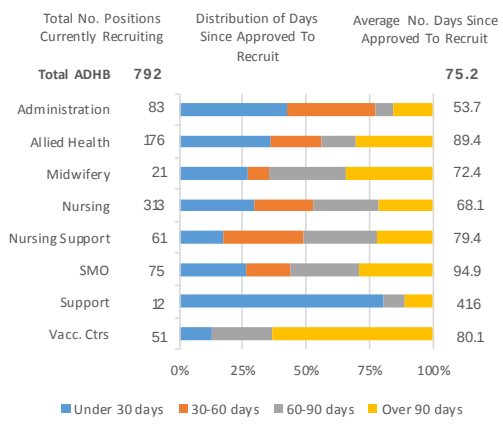
Part time workers



The total cost per FTE was … This was largely due to…

The cost of actual hours is paid to casual, part time, and full time staff. Full Time staff (those contracted to work between 0.8 and 1.0 FTE) account for 86% of the total paid hours.

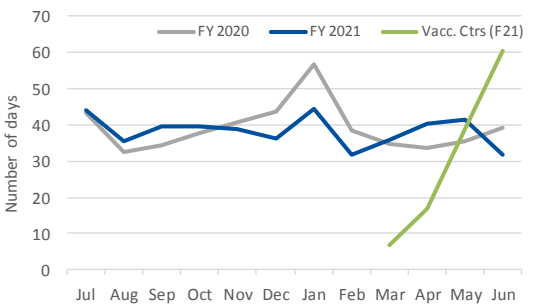
Positions Currently in Recruitment



Midwifery figures are under reported, as they aren't all being recruited to cover vacancy levels.

Reasons for Recruitment Activity	Nursing	Admin	Other	Vacc. Ctrs	Total Count (FTE)
Replace resignation	49%	8%	43%	0%	304.9
Cover for staff on leave	53%	5%	42%	0%	56.5
Vaccination programme	0%	0%	0%	100%	49.9
New / increased FTE	33%	17%	49%	1%	140.0
Internal Staff Movement	34%	22%	44%	0%	60.0
Change in hours	36%	12%	52%	0%	52.0
Secondment/Backfill	58%	10%	32%	0%	20.7
Project	74%	15%	10%	0%	32.8
Other	27%	11%	62%	0%	40.6
Training	0%	0%	100%	0%	23.3
Temporary cover	43%	0%	57%	0%	3.5
Fellowship	0%	0%	100%	0%	10.0
Total for all reasons	39%	11%	44%	6%	**794.3**

Trend in Time to Hire



The time to hire represents the time taken from approving recruitment to commence, to extend an offer to a desired candidate.

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

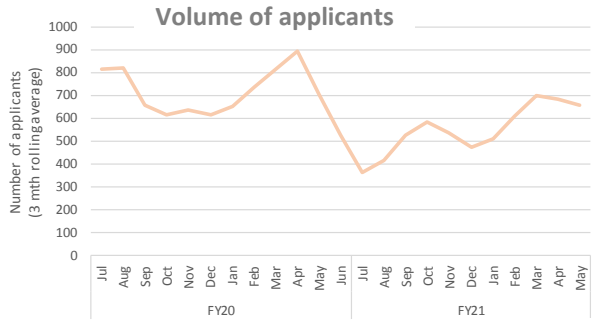
Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

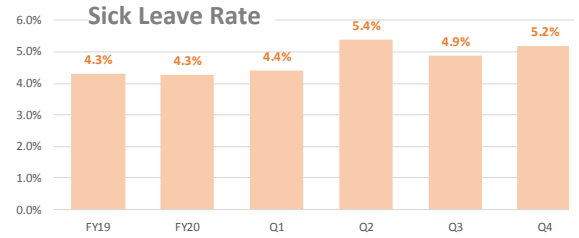
Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

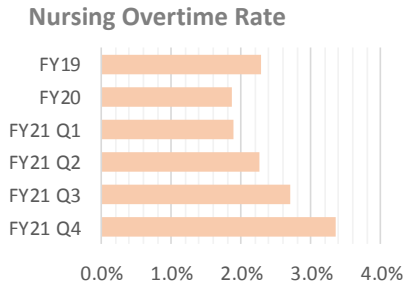
AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

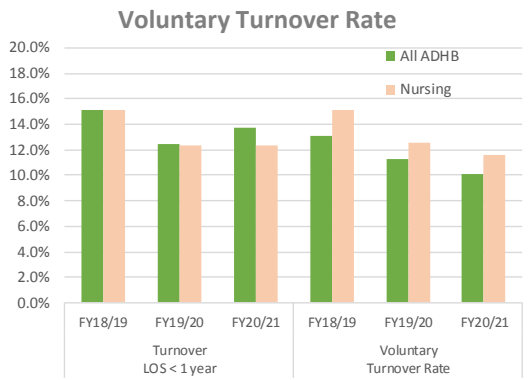
Focus on Nursing Workforce

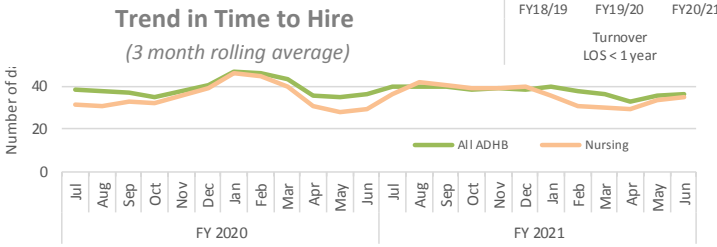
- Given the context of industrial action and large vacancies (Nursing), pay restraint across the sector and sector change through the reforms, we are interested to understand how all of these factors are impacting on our Nursing and Admin/Management workforce.
- Of interest our Overtime rates and sick leave utilisation rates are increasing in Nursing, and will be important to watch. We have a slight dip in our volume of Nursing applicants which is impacting our Time to hire negatively.
- We are about to implement a national and international nursing campaign which hopes to target and attract nurses to Te Toka Tumai, and to alleviate some of these issues.





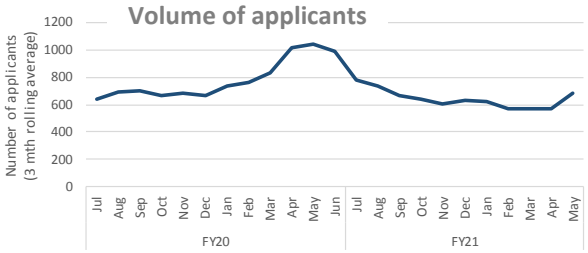


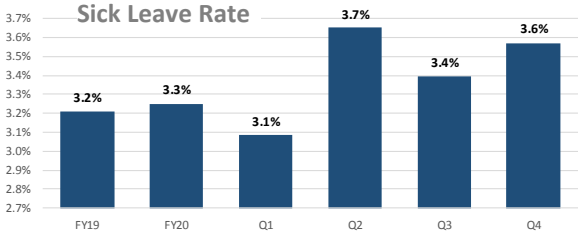


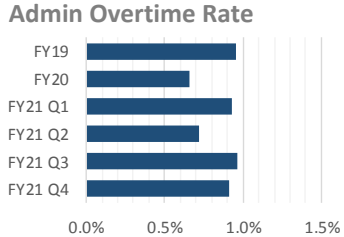


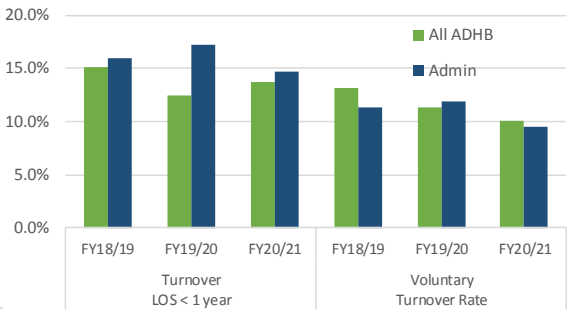
Focus on Corporate/Admin workforce

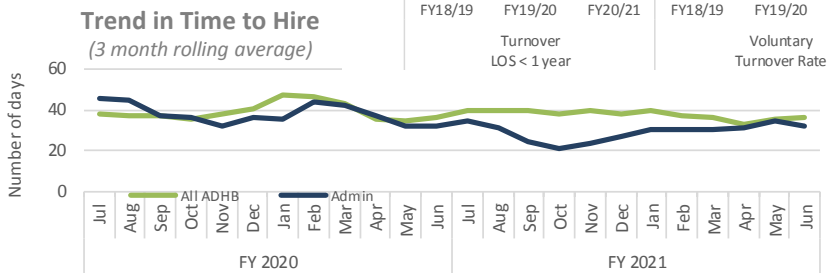
- Given the context of pay restraint and sector reform, we have not seen a significant change in any of the indicators for our Corporate/Admin workforce.
- We will continue to review this data to watch for any issues of concern.











Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

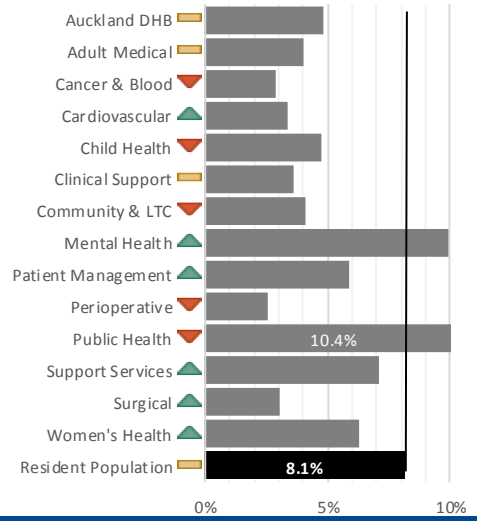
Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Māori in the workforce

- Slight increase in percentage of applicants from last quarter however overall percentage remains low. The Talent Advisor – Māori role has just been appointed, specific focus on talent pipelines and attraction will support shifting this percentage.
- Percentage of Māori applicants shortlisted and the Hired : Unsuccessful ratio for Māori remains favourable compared with all staff
- Overall nil change in Māori representation at Auckland DHB for this quarter. Attraction is a key area of focus moving into Q1 2021/22
- Although voluntary turnover has declined against previous years work has commenced to provide a better work experience for our kaimahi Māori employees. Part of this work is growing and developing these employees throughout their time with Te Toka Tumai. A pilot is underway in Midwifery to identify our kaimahi Māori talent. As part of this all kaimahi Māori employees will have had a development conversation by the end of FY22.
- A 'stay interview has been created to better understand how we can retain our staff. This is currently being piloted in Pou Arahi (Cancer & Blood).
- A number of directorates are putting in place a Pōwhiri to welcome new starters, creating a great welcome into the organisation.
- We are seeing an increase in leaders completing the Leading for Equity programme.

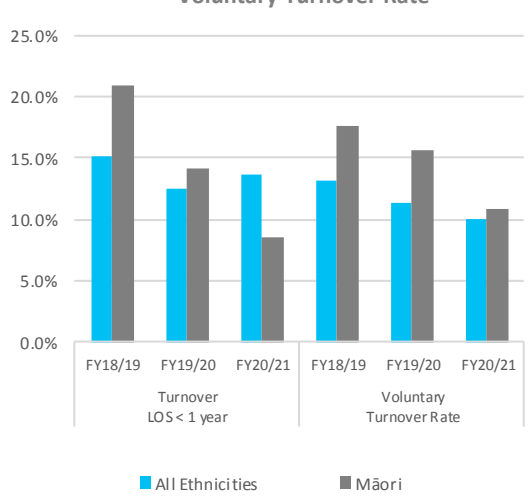
Māori Representation by Directorate



Progression of Māori Applicants Through Recruitment

Year	Percent of Shortlisted Applicants to Interview		Hired : Unsuccessful Applicants Ratio	
	Māori	All Staff	Māori	All Staff
FY21 Q3	59%	47%	1 : 2.4	1 : 4.2
FY21 Q2	66%	45%	1 : 2.0	1 : 5.7
FY 20	54%	34%	1 : 3.9	1 : 7.4
FY 19	45%	32%	1 : 4.8	1 : 8.2

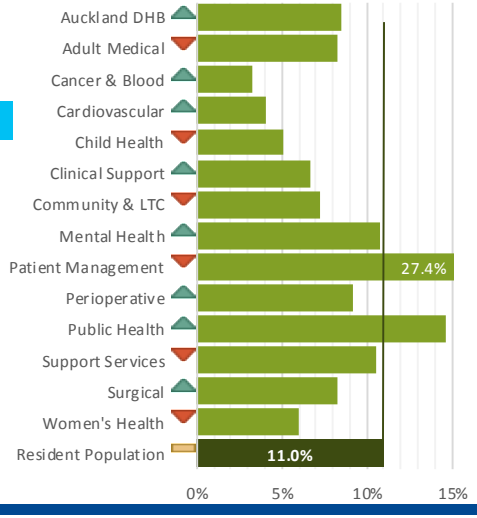
Voluntary Turnover Rate



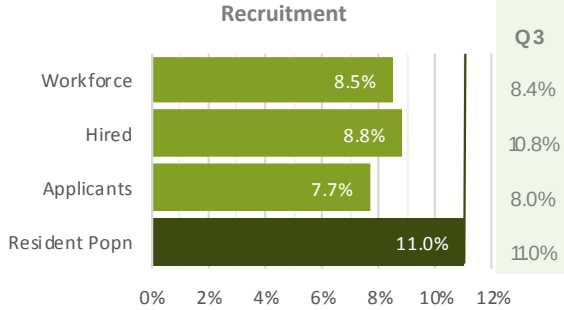
Pacific in the workforce

- We have seen a slight increase in the number of Pacific applicants, and the number of Pacific hires across this quarter.
- We have also seen a slight increase in the voluntary turnover, but nothing to indicate concern at this point.
- CLTC have set up a Māori and Pacific network to provide networking of Māori and Pacific staff to have input in service design.
- We are also supporting staff in our Cleaning and Orderly services to help them understand how the interview process works and provide them with the tools to better equip them for the interview.

Pacific Representation by Directorate

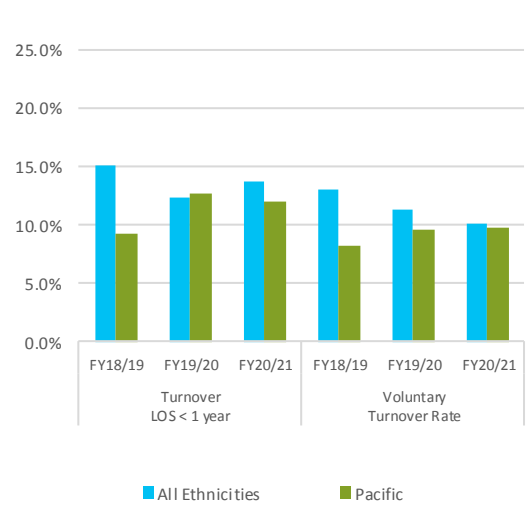


Progression of Pacific Applicants Through Recruitment



	Percent of Shortlisted Applicants to Interview		Hired : Unsuccessful Applicants Ratio	
	Pacific	All Staff	Pacific	All Staff
FY21 Q3	52%	47%	1 : 3.5	1 : 4.2
FY21 Q2	64%	45%	1 : 4.0	1 : 5.7
FY 20	43%	34%	1 : 6.0	1 : 7.4
FY 19	33%	32%	1 : 6.8	1 : 8.2

Voluntary Turnover Rate



% of Shortlisted to Interview shows what % of applicants that were shortlisted get an interview.
The hired ratio represents how many unsuccessful applicants per hire.

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Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

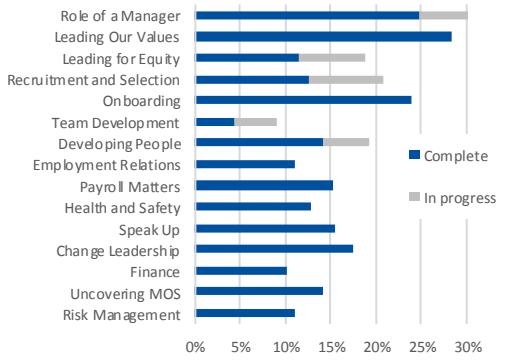
Strengthen our workplace culture | Building capability to achieve equity | Grow and develop ngā kaimahi Māori | Kia Ora tō Wāhi Mahi | Fit for the future | Make it easy

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Strengthen Culture & Build Capability

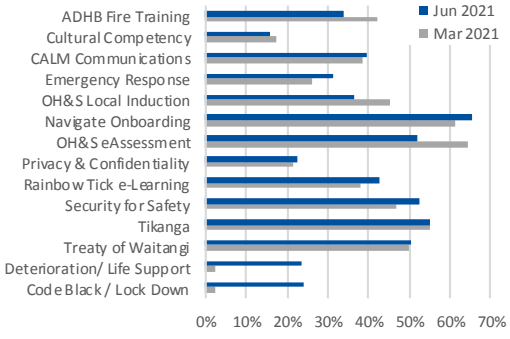
- There has not been much change in the volume of MDP completions across this quarter.
- A programme review and marketing campaign will be developed over the next quarter to engage more managers and aspiring managers into the programme. We would expect to see some improvement in engagement following that.
- Our new Mandatory Training reporting is now live. We have seen an increase in some of the mandatory programmes over the last quarter which indicates that the report is being utilised and people have knowledge about what they need to complete to be compliant. We would expect to continue to see increases over time.
- The next phase for our work in the Mandatory training space is to improve the quality of some of the training modules.
- Directorates are starting to use the Leave Reporting available that allows them to see annual leave usage as well as projected usage to allow for better planning of leave and overall wellbeing for their staff.
- Focus continues on leave entitlement not taken and in particular excess leave. Approval has been given by SLT to continue with our buy out of 2 weeks excess annual leave/taking of 2 weeks annual leave which has been expanded for this coming financial year to include STIL, TIL leave.

Management Development Programme

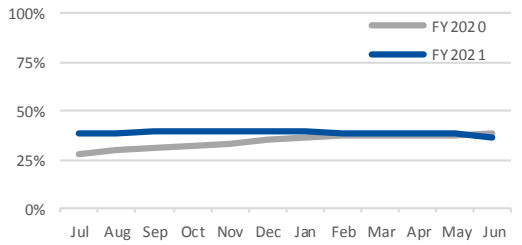


The MDP module completed by People managers as at 31 March 2021.

Mandatory Training

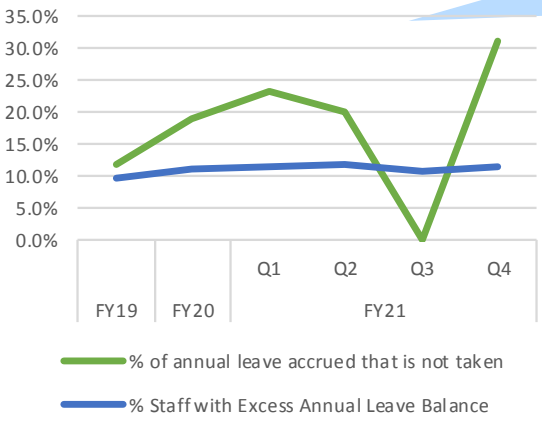


Performance & Development Conversations



This graph indicates the completion of our requirement to document performance conversations in kiosk. We are aware more performance conversations have taken place but have not been entered as complete in Kiosk.

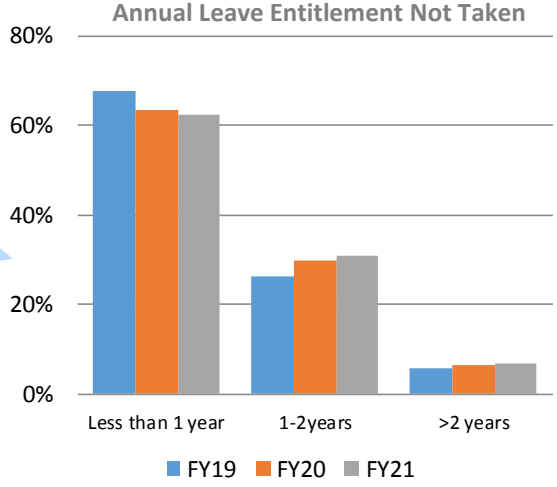
Annual Leave



11,243 weeks of leave was accrued by staff in FY21 Q3, and 13,278 weeks of leave taken. This means that on average, there was no annual leave accrued during the quarter that was not taken.

The year-to-date % of employees taking less than their annual leave entitlement (63.5%) is currently very similar to FY20. A concerted effort to have staff continue taking leave through Q4 will be needed to establish a trend of decreasing the % of staff not taking their full annual leave entitlement.

Annual Leave Entitlement Not Taken



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Pūmanawa Tāngata Plan 2020-2023

Strengthening Culture & Building Capability

Quarterly ADHB People Analytics Dashboard - F21 Q3: 31 March 2021

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AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Diversity & Inclusion

A number of activities have occurred across the last quarter with a focus on Accessiblity and our Rainbow workforce.

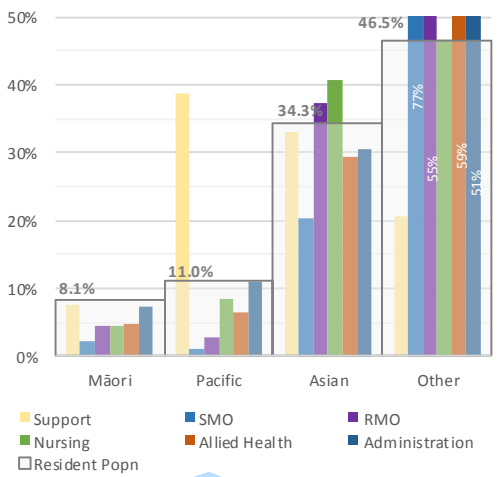
We have received a partial 'tick' from the Hearing Accredited Workplace programme and now have an action plan in place to receive full accreditation.

We have run a lunchtime speaker series of people with lived experience of access need and we are working with Te Roopu Waiora on the design of a learning module for all staff related to Whānau Hauā – Māori Disability Responsiveness. This work is all in service of building a more responsive and supportive workplace for our workforce with access needs.

Wellbeing

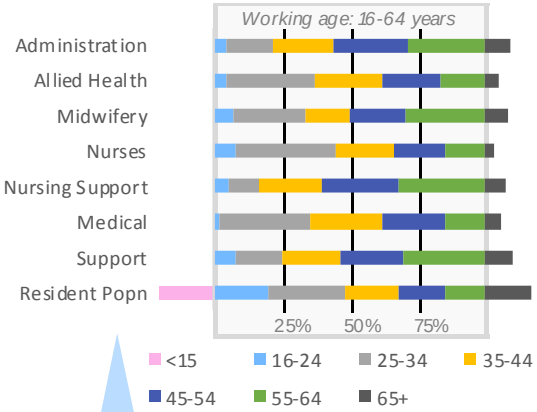
- Behavioural issues continue to be the majority of issues being raised including seeing a spike in sexual harassment complaints being lodged.
- Work is currently underway to review the Speak Up processes for employees to raise their concerns which includes updating our HR Tracker to better identify interpersonal racism concerns and sexual harassment claims.
- Of note, it is good to see that comparatively across the region, our sick leave utilisation is the lowest and that our focus on annual leave utilisation also sees our result positive given our size and compared to other DHBs

Ethnicity by Profession



Grouped as per national guidelines. Staff cannot be more than one ethnicity. Staff with no ethnicity data are included as other.

Age by Profession



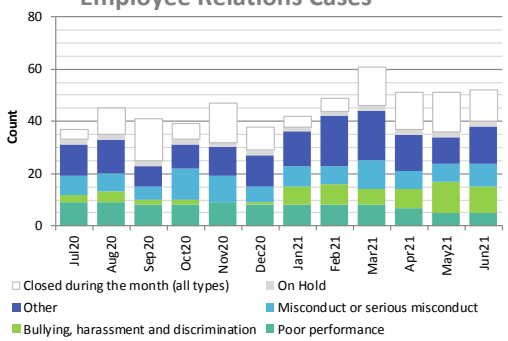
Resident population supplied by Stats NZ, based on 2018 Census.

Disability Data

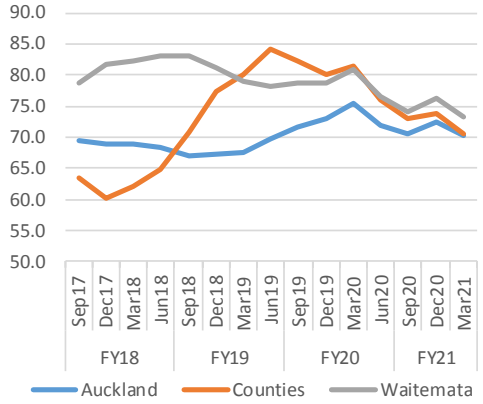
Type	Count
Mobility/Physical	10
Invisible	8
Hearing	7
Vision	4
Head Injuries (TBI)	1
Cognitive/Learning	1
Total	**31**

According to Stats NZ Disability survey from 2013, approximately 10% of New Zealand's workforce has a disability or impairment. 0.3% of ADHB workforce have self-identified as having a disability.

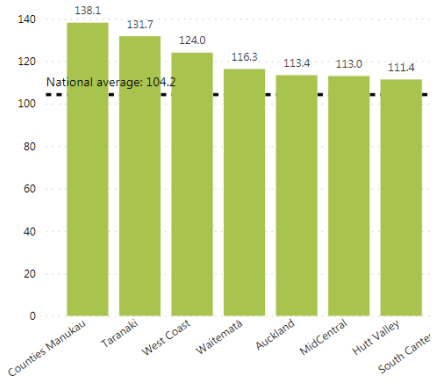
Employee Relations Cases



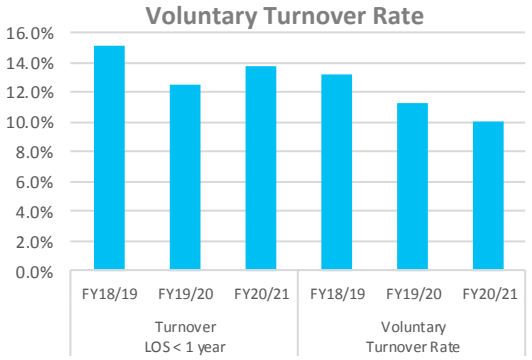
Average annual sick leave hrs / FTE



Ratio of AL bal to entitlement per FTE (%)



Voluntary Turnover Rate



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Financial Performance Report for the year ended 30 June 2021

Recommendation

That the Board receives this Financial Report for the year ended 30 June 2021

Prepared by: Auxilia Nyangoni, Deputy Chief Financial Officer
Endorsed by: Justine White, Chief Financial Officer
Date: 20 July 2021

1. Executive Summary

The full 2020/21 year preliminary and unaudited financial result is a deficit of $96.2M, against a budget deficit of $45M, thus $51.2M unfavourable, mainly due to unfunded Covid and Holidays Act liability increase impacts. The result by division is as follows:

Result by Division	**Year ended 30 June 2021**		
	Actual	**Budget**	**Variance**
Funder	33,060	18,900	14,160 F
Provider	(129,322)	(63,882)	65,441 U
Governance	22	(61)	83 F
Net Surplus / (Deficit)	**(96,240)**	**(45,043)**	**51,197 U**

COVID-19 Net impact on bottom-line	(14,718)	0	**14,718 U**
Holidays Act Impact	(39,731)	0	**39,731 U**
BAU Net impact on bottom-line	(41,791)	(45,044)	**3,253 F**
Net Surplus / (Deficit)	**(96,240)**	**(45,044)**	**51,196 U**

- Underlying Business as Usual (BAU) operations' are favourable to budget by $3.3M for the year
- Covid unfunded impacts amount to $14.7M for the year
- Provision for costs associated with the Holidays Act entitlements amount to $39.7M YTD

2. Summary Result and Financial Commentary for June 2021

$000s	Year ended 30 June 2021		
	Actual	Budget	Variance
Income			
Government and Crown Agency	1,812,401	1,742,995	69,406 F
Non-Government and Crown Agency	104,667	105,660	993 U
Inter- District Flows	733,031	727,176	5,855 F
Inter-Provider and Internal Revenue	30,076	18,242	11,834 F
Total Income	**2,680,175**	**2,594,073**	**86,102 F**
Expenditure			
Personnel	1,266,399	1,184,077	82,322 U
Outsourced Personnel	38,636	19,254	19,382 U
Outsourced Clinical Services	52,092	45,976	6,116 U
Outsourced Other Services	89,465	88,737	728 U
Clinical Supplies	333,418	326,698	6,720 U
Funder Payments - NGOs and IDF Outflows	765,008	749,879	15,129 U
Infrastructure & Non-Clinical Supplies	231,397	224,496	6,902 U
Total Expenditure	**2,776,415**	**2,639,117**	**137,298 U**
Net Surplus / (Deficit)	**(96,240)**	**(45,044)**	**51,196 U**

COVID-19 Net impact on bottom-line	(14,718)	0	**14,718 U**
Holidays Act Impact	(39,731)	0	**39,731 U**
BAU Net impact on bottom-line	(41,791)	(45,044)	**3,253 F**
Net Surplus / (Deficit)	**(96,240)**	**(45,044)**	**51,196 U**

Commentary on DHB Consolidated Financial Performance

1.1 Year to Date Results

Major variances to budget include:

Revenue

Revenue is favourable to budget for the year by $86.1M (3.3%), mainly driven by a net favourable Covid impact of $73.4M, with BAU revenue being $10M favourable (mainly planned care and IDF wash-up provisions). Significant variances in revenue categories include:

- $69.4M (4.0%) favourable Government and Crown Agency revenue. This includes $55.3M additional revenue realised for Covid - $24.3M for laboratory Covid-19 testing, $13.2M for vaccinations and $17.8M for other response costs.
- $993K (-0.9%) unfavourable Non Government and Crown Agency revenue, largely driven by the following movements:
  - Non Resident revenue $9.2M unfavourable – primarily reflecting reduced Pacific contract cases as a result of Covid-19.
  - Retail Pharmacy revenue $6.5M favourable (mostly offset by additional cost of goods sold).
  - New MoH funding for Planned Care Recovery service improvement and sustainability $1M, Integrated Primary Mental Health Initiative $2.0M, Peptide Receptor Radionuclide Therapy (PRRT) $0.8M and administration staff pay equity $1.3M.
  - Research Income $3.8M favourable (offset by additional research costs, therefore bottom line neutral).
  - ACC Income $2.7M favourable, predominantly in Reablement for wash-up on the Non Acute Rehabilitation contract. This reflects a review of a change in the funding model. $5.9M (0.4%) net favourable Inter-District Flows is mainly from the positive impact of the Pharmacy IDF wash-up, MoH 2019-20 IDF wash-up, Primary Health Organisation wash-up and offset by unfavourable hospital inpatient/outpatient and Pharmaceutical Cancer Treatment services IDF wash-ups.
  - Funding received from Oranga Tamariki $0.9M favourable, following clarification of service model funding.
  - Additional Pharmac rebates $1.4M favourable.

Expenditure

The full year expenditure variance is $137.3M (-5.2%) unfavourable and includes Covid impact of $88.1M, Holidays Act provision impact of $39.7M and $10M unfavourable in BAU operational expenditure. Significant variances are:

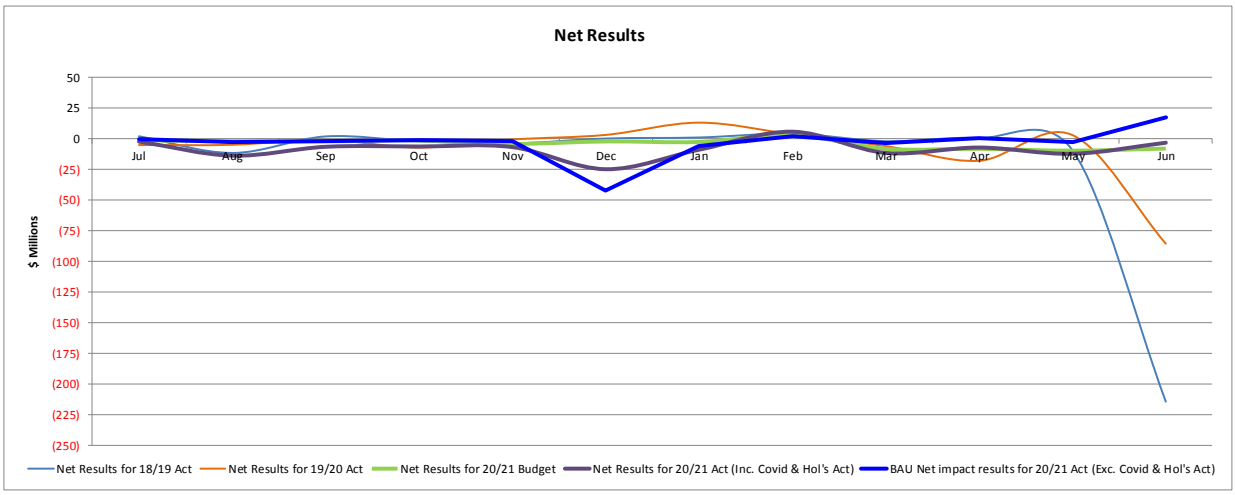
- 101.7M (-8.5%) unfavourable variance in Personnel/Outsourced Personnel costs, reflecting unbudgeted Covid-19 related expenditure of $38.4M, increase in the provision for Holidays Act liability of $39.7M. Average personnel FTEs for the full year are 184 unfavourable, with 95 of these relating to Covid (average Covid FTEs amount to 241 for the year when including outsourced staff).
- $6.1M (-13.3%) unfavourable in Outsourced Clinical Services, with the key variances as follows:
    - Unbudgeted Covid-19 related expenditure of $0.4M (for laboratory outsourced tests).
    - Diagnostic Genetics $1.4M unfavourable due to delayed repatriation of tests previously not done in house – this variance will reduce once repatriation is complete.
    - Additional MRI and CT outsourcing $4.0M unfavourable to address waiting times
- $6.7M (-2.1%) unfavourable in Clinical Supplies, this variance is due to Laboratory consumable costs which are $5.5M unfavourable mainly for Covid-19 tests, with offsetting additional revenue. Excluding these costs, the underlying Clinical Supplies BAU variance is close to budget at $01.1M unfavourable.
- $15.1M (-2.0%) unfavourable variance in Funder NGOs expenditure & IDF outflows, mainly reflecting unbudgeted Covid cost impact of $30.7M (with corresponding Covid revenue), and also offset by IDF outflows being $10.1M favourable from end of year wash-ups, prior year adjustment settled in October 2020 and current year Primary Health Organisation (PHOs) wash-ups.
- $6.9M (3.1%) favourable variance in Infrastructure & Non Clinical Supplies costs, with the key variances being:
    - Unbudgeted Covid-19 related expenditure of $13.3M unfavourable
    - Cost of Goods Sold $5.9M unfavourable for retail pharmacy, offset by additional retail revenue for the year.
    - Capital Charge $12M favourable due to the reduction in the capital charge rate from 6% to 5%, combined with a lower Crown equity balance due to the increase in the Holidays Act provision, partially offset by a reduction in capital charge revenue.
    - Interest & Finance Charges $0.6M favourable.

Year End Actual versus Forecast Result

The year-end deficit of $96.2M is $5.8M favourable on the earlier forecast deficit of $102M. The improvement is mainly in the unfunded Covid impacts with more revenue realised than forecast. The Holidays Act impact was also a slight improvement of $270K on the previously forecast $40M.

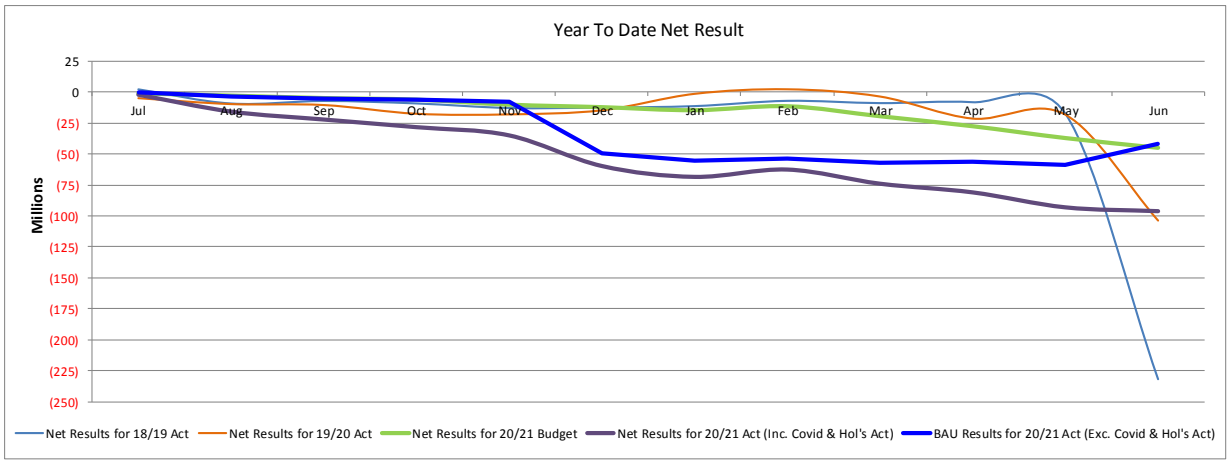
3. Performance Graphs

Figure 1: Net Result (Monthly)



$ millions	July	August	Spetember	October	November	December	January	February	March	April	May	June	Total
Net Results for 18/19 Act	2.183	(11.446)	2.057	(2.009)	(3.665)	0.324	1.185	4.248	(1.830)	0.728	(9.280)	(214.462)	(231.967)
Net Results for 19/20 Act	(4.968)	(4.764)	(0.776)	(7.055)	(0.494)	3.289	13.310	3.679	(5.846)	(17.834)	3.151	(85.513)	(103.821)
Net Results for 20/21 Budget	(1.110)	(1.795)	(1.975)	(1.290)	(4.026)	(2.028)	(2.449)	3.189	(8.065)	(8.066)	(9.566)	(7.864)	(45.043)
Net Results for 20/21 Act (Inc. Covid & Hol's Act)	(2.167)	(13.626)	(6.409)	(6.173)	(6.650)	(24.722)	(8.787)	5.911	(11.420)	(7.020)	(12.084)	(3.093)	(96.240)
BAU Results for 20/21 Act (Exc. Covid & Hol's Act)	(0.464)	(2.839)	(1.959)	(0.668)	(1.588)	(42.306)	(6.051)	2.106	(3.728)	0.869	(2.455)	17.293	(41.791)

Figure 1: Consolidated Net Result (Cumulative YTD)



$'millions	July	August	September	October	November	December	January	February	March	April	May	June
Net Results for 18/19 Act	2.183	(9.263)	(7.207)	(9.215)	(12.880)	(12.556)	(11.371)	(7.122)	(8.953)	(8.225)	(17.505)	(231.967)
Net Results for 19/20 Act	(4.968)	(9.732)	(10.509)	(17.564)	(18.057)	(14.768)	(1.458)	2.221	(3.625)	(21.459)	(18.308)	(103.821)
Net Results for 20/21 Budget	(1.110)	(2.905)	(4.880)	(6.169)	(10.195)	(12.223)	(14.672)	(11.483)	(19.548)	(27.614)	(37.179)	(45.043)
Net Results for 20/21 Act (Inc. Covid & Hol's Act)	(2.167)	(15.793)	(22.202)	(28.375)	(35.026)	(59.748)	(68.535)	(62.624)	(74.044)	(81.064)	(93.148)	(96.240)
BAU Results for 20/21 Act (Exc. Covid & Hol's Act)	(0.464)	(3.303)	(5.262)	(5.930)	(7.518)	(49.824)	(55.875)	(53.770)	(57.498)	(56.629)	(59.085)	(41.791)

4. Financial Position

4.1 Statement of Financial Position as at 30 June 2021

$'000	30-Jun-21			31-May-21	Var	30-Jun-20	Var
	Actual	Budget	Variance	Actual	Last Mth	Actual	Last Year
Public Equity	964,384	1,006,450	42,066U	958,902	5,482F	919,427	44,957F
Reserves							
Revaluation Reserve	643,988	599,151	44,837F	599,151	44,837F	599,151	44,837F
Accumulated Deficits from Prior Year's	(792,726)	(790,846)	1,880U	(792,726)	0F	(688,960)	103,766U
Current Surplus/(Deficit)	(96,238)	(37,179)	59,059U	(93,146)	3,092U	(103,819)	7,581F
	(244,976)	(228,874)	16,102U	(286,721)	41,745F	(193,628)	51,348U
Total Equity	**719,408**	**777,577**	**58,169U**	**672,181**	**47,227F**	**725,799**	**6,391U**
Non Current Assets							
Fixed Assets							
Land	397,089	347,122	49,967F	354,022	43,067F	347,122	49,967F
Buildings	623,470	636,526	13,056U	602,804	20,666F	624,109	639U
Plant & Equipment	89,704	96,757	7,053U	86,770	2,934F	86,655	3,049F
Work in Progress	96,552	187,974	91,422U	124,600	28,048U	73,193	23,359F
Total Property, Plant & Equipment	1,206,815	1,268,379	61,564U	1,168,196	38,619F	1,131,079	75,736F
Investments							
- Health Alliance	78,787	75,057	3,730F	74,375	4,412F	74,268	4,519F
- Health Source	271	-	271F	271	0F	271	0F
- NZHPL	7,295	5,083	2,212F	6,407	888F	7,084	211F
- Other Investments	617	-	617F	254	363F	518	99F
	86,970	80,140	6,830F	81,307	5,663F	82,141	4,829F
Intangible Assets	2,751	12,673	9,922U	1,991	760F	2,216	535F
Trust Funds	17,577	15,970	1,607F	17,341	236F	15,970	1,607F
	107,298	108,783	1,485U	100,639	6,659F	100,327	6,971F
Total Non Current Assets	**1,314,113**	**1,377,162**	**63,049U**	**1,268,835**	**45,278F**	**1,231,407**	**82,706F**
Current Assets							
Cash & Short Term Deposits	202,469	34,369	168,100F	187,296	15,173F	135,902	66,567F
Trust Deposits > 3months	10,707	16,394	5,687U	13,586	2,879U	16,394	5,687U
ADHB Term Deposits > 3 months	-	15,000	15,000U	-	0F	15,000	15,000U
Debtors	44,859	45,325	466U	61,281	16,422U	45,325	466U
Accrued Income	76,362	53,611	22,751F	61,075	15,287F	66,672	9,690F
Prepayments	5,919	6,835	916U	6,936	1,017U	4,622	1,297F
Inventory	16,275	27,511	11,236U	16,155	120F	15,396	879F
Total Current Assets	**356,591**	**199,046**	**157,545F**	**346,329**	**10,262F**	**299,311**	**57,280F**
Current Liabilities							
Borrowing	(2,731)	(1,925)	806U	(2,595)	136U	(1,828)	903U
Trade & Other Creditors, Provisions	(222,548)	(165,690)	56,858U	(232,058)	9,511F	(177,892)	44,656U
Employee Entitlements	(617,293)	(524,748)	92,545U	(599,080)	18,213U	(524,748)	92,545U
Funds Held in Trust	(1,410)	(1,376)	34U	(1,384)	26U	(1,384)	26U
Total Current Liabilities	**(843,982)**	**(693,738)**	**150,244U**	**(835,117)**	**8,864U**	**(705,851)**	**138,131U**
Working Capital	**(487,391)**	**(494,692)**	**7,301F**	**(488,788)**	**1,398F**	**(406,541)**	**80,850U**
Non Current Liabilities							
Borrowings	(14,046)	(15,856)	1,810F	(13,078)	968U	(10,136)	3,910U
Employee Entitlements	(93,268)	(89,037)	4,231U	(94,788)	1,520F	(88,931)	4,337U
Total Non Current Liabilities	**(107,314)**	**(104,893)**	**2,421U**	**(107,866)**	**552F**	**(99,067)**	**8,247U**
Net Assets	**719,408**	**777,576**	**58,168U**	**672,181**	**47,227F**	**725,799**	**6,391U**

Commentary – Balance Sheet

The major variances to budget are summarised below:

Property, Plant and Equipment:
The variance reflects reduced capital expenditure spend due to timing variances in approvals, procurement and implementation timeframes for projects.

Cash and Short Term Deposits:
The higher than budgeted balance is mainly due to the impact of delays in the capital projects program and $30M of matured investment funds not reinvested.

Debtors and Accrued Income:
The Debtors and Accrued Income combined variance is largely due to the timing of billings to and receipts from MOH.

Inventory
Inventory on hand of $16M represents ADHB normal inventory levels. The inventory budget of $27.5M included the MOH related Covid purchases of $12M, later reclassified to accrued receivables and which were paid for by MoH prior to balance date.

Trade & Other Creditors and Provisions:

Trade Creditors (including accruals)	192,214
Income in Advance	30,334
Total	222,548

4.2 Statement of Cash flows 30 June 2021 month and YTD

$000's	Month (June-2021)			Year Ended 30 June 2021		
	Actual	Budget	Variance	Actual	Budget	Variance
Operations						
Revenue Received	251,809	213,513	38,297F	2,680,199	2,374,925	305,275F
Payments						
Personnel	(103,640)	(101,710)	1,930U	(1,171,307)	(1,082,954)	88,354U
Suppliers	(56,340)	(50,506)	5,834U	(618,792)	(549,208)	69,585U
Capital Charge	(16,345)	(3,807)	12,538U	(33,661)	(41,879)	8,218F
Payments to other DHBs and Providers	(60,838)	(62,490)	1,652F	(765,008)	(687,389)	77,618U
GST	(2,210)	0	2,210U	(1,812)	0	1,812U
	(239,372)	(218,512)	20,860U	(2,590,580)	(2,361,430)	229,151U
Net Operating Cash flows	**12,437**	**(5,000)**	**17,437F**	**89,619**	**13,495**	**76,124F**
Investing						
Interest Income	170	2,723	2,553U	2,408	2,496	89U
Sale of Assets	54	0	54F	90	0	90F
Purchase Fixed Assets	(1,395)	(26,434)	25,039F	(89,868)	(209,290)	119,424F
Investments and restricted trust funds	(2,643)	0	2,643U	15,250	0	15,250F
Net Investing Cash flows	**(3,814)**	**(23,711)**	**19,897F**	**(72,120)**	**(206,793)**	**134,676F**
Financing						
Interest paid	(36)	(99)	63F	(704)	(1,085)	381F
New loans raised	1,112	1,239	127U	7,210	8,356	1,146U
Loans repaid	(9)	(256)	248F	(2,397)	(2,530)	133F
Other Equity Movement	5,482	12,962	7,480U	44,957	87,024	42,067U
Net Financing Cash flows	**6,549**	**13,846**	**7,297U**	**49,066**	**91,765**	**42,699U**
Total Net Cash flows	**15,173**	**(14,864)**	**30,037F**	**66,565**	**(101,533)**	**168,101F**
Opening Cash	187,296	34,369	152,927F	135,902	135,902	0F
Total Net Cash flows	15,173	(14,864)	30,035F	66,565	(101,533)	168,100F
Closing Cash	**202,469**	**19,504**	**182,962F**	**202,469**	**34,369**	**168,100F**

ADHB Cash	189,100	28,166	160,935F
A+ Trust Cash	11,618	5,857	5,761F
A+ Trust Deposits - Short Term < 3 months & restricted fund deposits	1,751	346	1,406F
	202,469	**34,369**	**168,100F**
ADHB - Short Term 3 > 12 months	0	15,000	15,000U
A+ Trust Deposits - Short Term 3 > 12 months	10,707	16,394	5,687U
ADHB Deposits - Long Term >12 months	0	0	0F
A+ Trust - Long Term Investments > 12 months	17,577	15,970	1,607F
	230,753	**81,732**	**149,020F**

Planning Funding and Outcomes Update

Recommendation

That the Board note the key activities within the Planning, Funding and Outcomes Unit since the last update provided on 26 May 2021.

6.2

Prepared by: Wendy Bennett (Manager Planning and Health Intelligence), Kate Sladden (Funding and Development Manager Health of Older People), Ruth Bijl (Funding and Development Manager, Children, Youth & Women), Meenal Duggal (Funding & Development Manager, Mental Health and Addiction Services), Leani Sandford (Portfolio Manager, Pacific Health Gain), Raj Singh (Project Manager, Asian, Migrant and Former Refugee Health Gain), Shayne Wijohn (Acting Funding and Development Manager, Primary Care and Māori Health Gain Manager)
Endorsed by: Dr Debbie Holdsworth (Director Funding) and Dr Karen Bartholomew (Director Health Outcomes)

Glossary

AAA	-	Abdominal Aortic Aneurysm
AF	-	Atrial Fibrillation
ARC	-	Aged Residential Care
ARDS	-	Auckland Regional Dental Service
B4SC		B4 School Check
CALD	-	Culturally and Linguistically Diverse
CIR	-	COVID-19 Immunisation Register
DHB	-	District Health Board
ECE	-	Early Childhood Education
GP	-	General Practitioner
HBHF	-	Healthy Babies Healthy Futures
HCSS	-	Home and Community Support Services
HPV	-	Human papillomavirus
IPS	-	Individual Placement and Support
LARC	-	Long Acting Reversible Contraception
MELAA	-	Asian & Middle Eastern Latin American and African
MMR	-	Mumps, Measles and Rubella
MoH		Ministry of Health
MSD	-	Ministry of Social Development
NA-HH		Noho Āhuru – Healthy Homes
NCHIP	-	National Child Health Information Platform
NIR	-	National Immunisation Register
NRHCC	-	Northern Region Health Coordination Centre
PFO	-	Planning, Funding and Outcomes
PHO	-	Primary Health Organisation
UR-CHCC	-	Uri Ririki - Child Health Connection Centre
WCTO	-	Well Child Tamariki Ora

1. Purpose

This report updates the Auckland District Health Board (DHB) on Planning and Funding and Outcomes (PFO) activities and areas of priority, since the last update provided on 26 May 2021.

2. Primary Care

2.1 Response to COVID-19

Our team remain heavily involved in the primary care roll-out of the COVID vaccination.

As at 9 July 2021, there were 36 general practices and six community pharmacies offering COVID-19 vaccinations across metro Auckland with eight general practices and two community pharmacies in the Auckland DHB catchment area. This includes cover for some of our most isolated communities with selected practices on Waiheke and Great Barrier Islands. Additionally, the two pharmacies in Auckland DHB are providing outreach for our older populations living in Retirement Villages.

A further eight community pharmacies have been selected and are in various stages of the approval process. The NRHCC Pharmacy Implementation team are working to identify the second tranche of up to 40 community pharmacies. The second trance pharmacies will be spread across the Auckland region.

The DHBs and NRHCC have worked collaboratively with Clinical Assessments Limited to develop a seamless and responsive payment mechanism to ensure that providers are paid the week following their vaccination activity. This payment system will be in place until payments to providers can be made through the COVID-19 Immunisation Register (CIR).

3.2 COVID-19 Vaccinations for Great Barrier Island

In late May and supported by NRHCC, 600 COVID-19 vaccination doses were flown to Great Barrier Island for Aotea Health's general practice team to administer to the Island's population. It was decided to immunise the whole population at once as a remote island is at higher risk with a pandemic and the island has a high proportion of people with high needs.

Prior to the vaccine's arrival, the Aotea Health team phoned residents and heavily publicised via the local paper, radio stations and on the Barrier Chitchat Facebook page. This was done with a focus on 'caring for the community' to ensure that everyone had the opportunity to be vaccinated.

The second dose was flown over to Great Barrier to enable vaccinations on 18 and 19 June. Mop up clinics were scheduled for those who were off Island or not well enough to attend after each main two-day, vaccination event.

For both main events, many arrived by boat or via the bus organised by the general practice to bring people from the far north of the Island to the main health centre clinic. The aim to immunise around 60 per cent with both doses (a little under 600 people) was achieved.

3. Health of Older People

3.1 Aged Residential Care

The COVID-19 vaccination rollout to aged residential care is progressing well and all Auckland DHB contracted facilities will have received their second dose visit by mid-July. The intention is to undertake third 'mop-up' visits e.g. for any new admissions or residents who were in hospital at the time of previous vaccination team visits. A mixed model approach is being used with vaccinations being delivered by four outreach teams under the NRHCC and two community pharmacy providers. The DHB has been receiving positive feedback from Aged Residential Care (ARC) facilities about the service.

ARC staff have been able to receive their COVID-19 vaccinations at community vaccination centres since the 12 April and also have the option of receiving their vaccination when the vaccination team visits their facility to vaccinate residents.

3.2 Home and Community Support Services

Home and Community Support Services (HCSS) support workers have been able to receive COVID-19 vaccinations at community vaccination centres since the 12 April.

The HCSS case mix cost model has been re-calculated to determine the daily rates for each case mix category for the 2021/22 contracts taking account of forecasted client numbers, complexity changes, and average hours per category.

The HCSS workforce is increasingly constrained due to COVID-19 restrictions limiting entry into the country; this is starting to impact on service delivery. Planning and Funding is in regular contact with providers and monitoring the situation.

4. Child, Youth and Women's Health

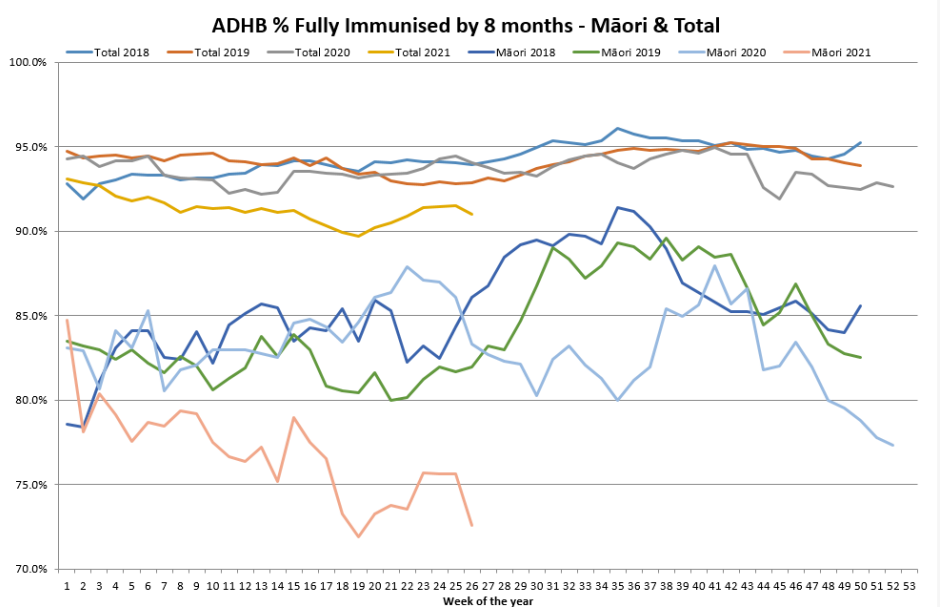
4.1 Immunisation

4.1.1 Childhood Immunisation Schedule Vaccinations

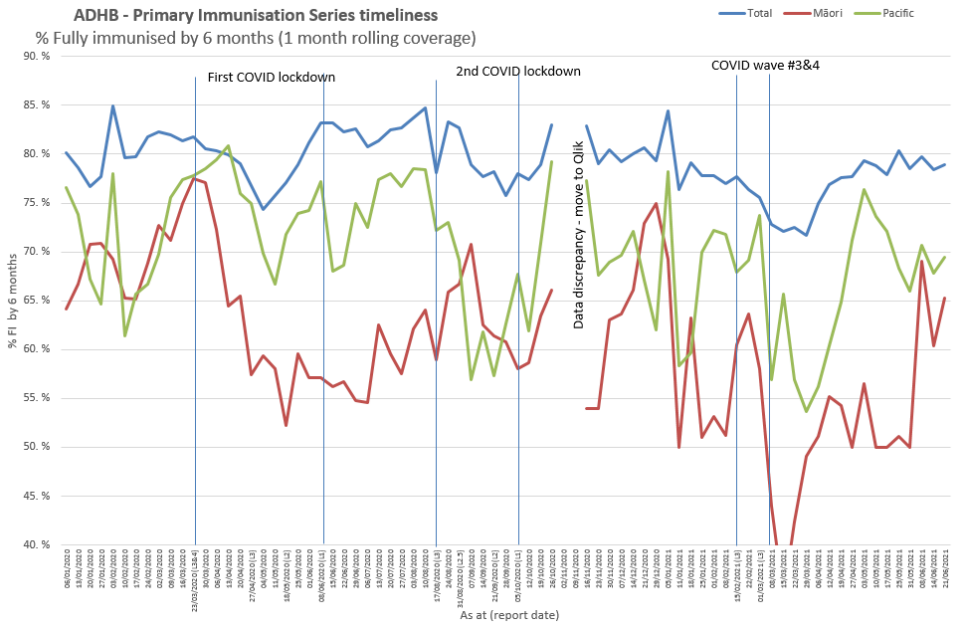
As previously indicated, COVID-19 has had an impact on immunisation coverage – the impact on on-time immunisation is being reflected in the coverage at 8 months. Auckland DHB's 3 month period coverage as of 28 June 2021 is 91% for the total population and 73% for tamariki Māori. At the same time last year, coverage was 94% for the total population and 83% for tamariki Māori. Auckland DHB will not achieve the immunisation targets in Q4 2020/21.

We are developing a recovery plan in consultation with PHOs, Māori and Pacific health gains team on strategies to improve immunisation rates and reduce decline rates for Māori and Pacific. One factor in particular that has been raised by PHO colleagues is the impact of COVID vaccination on the workforce, with many practices losing staff to vaccination clinics.

As immunisation is prone to seasonal fluctuation, a comparison of the week on week changes since 2018 are shown below.



We continue to monitor the impact on "on-time" immunisation as measured at 6 months of age, particularly the rolling 1-month coverage rates which demonstrate the "real time" coverage although is more prone to fluctuation due to smaller numbers. As demonstrated by the graph below, coverage has fallen during the lockdowns, with recovery as we have moved into level 1; however the drop in coverage is more sustained for tamariki Māori. Another drop occurred around the festive season, which fits with the pattern of previous years and is associated with competing family priorities and practices not being open. When looking at the more stable 3-month coverage (not graphed), we are continuing to see a drop off in coverage for total population, some recovery for the Pacific population, however Māori coverage has not recovered.



Decline and/or opt off for tamariki Māori at 7.9% (as at 28 June 2021) was three times the rate of opt-off and decline compared to the ADHB total population (2.5%). Review of other DHBs reflects that we are not alone with high Māori decline rates, with other DHBs experiencing rates as high as 20.4% at 8 months (Taranaki DHB). We have requested assistance from the Ministry of Health (MoH) at a national level to promote immunisation and address vaccine hesitancy. We are working on hosting a hui of Māori child health providers to identify the factors for vaccine hesitancy and delay, and strategies to address these. This is now planned for mid-July as Counties Manukau have confirmed that they will not be involved.

Work is currently underway to merge the three Metro Auckland Region DHBs' immunisation Operations Group. A change process for each PHO to report on coverage and share learnings from their top performing clinic and activities to support their lowest performing clinic will be implemented as part of the merging process.

We are working with PHO and IMAC colleagues on a fridge magnet concept, with support from Waitematā DHB communications team. The concept is that the magnet will be sent out with the "welcome to NCHIP/NIR" letter to all newborns, providing a visual reminder of the upcoming immunisations. This resource is being translated into Te Reo, Samoan and Tongan.

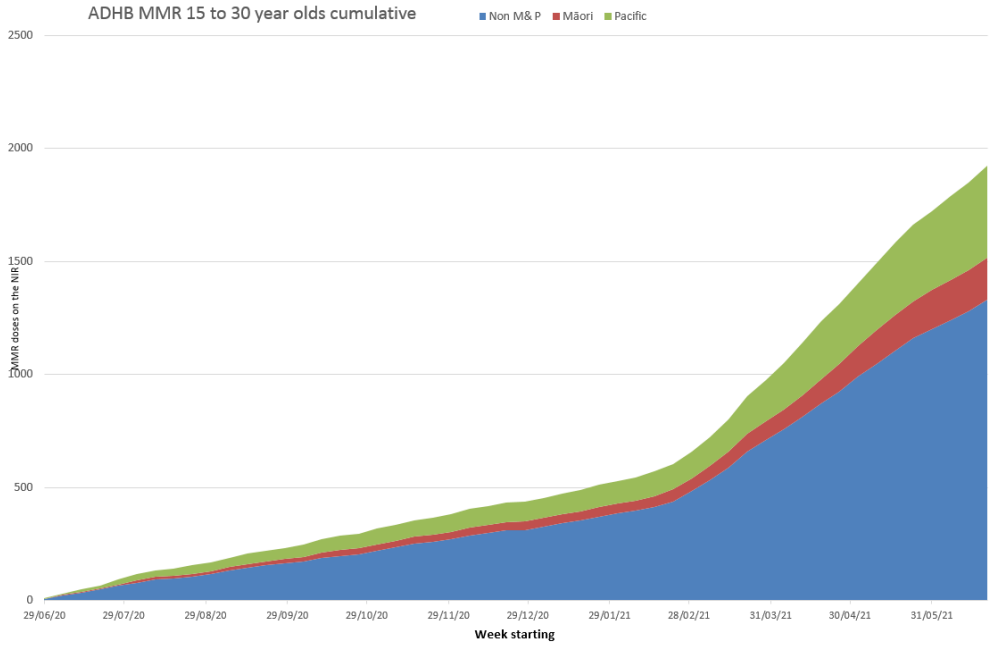
We have also implemented a birthday card concept for 4 year olds to inform families/whānau of the various health checks due at 4 years of age. Initially this will be sent to Māori children turning 4 years of age then expanded to Pacific and children living in areas of high economic deprivation. The card includes the Uri Ririki phone number for parents to contact if they require assistance in booking appointments. The team will check contact details and refer the children to the relevant service to book appointments.

We were delighted that our SMILE resource, which promotes antenatal immunisation as part of healthy pregnancy messages won the Excellence in Innovation award at the recent Waitematā Health Excellence Awards. This resource continues to be in high demand from antenatal care providers, and all resources (leaflet, poster and antenatal immunisation reminder cards) have now been translated into Te Reo Māori, Samoan and Tongan.

4.1.2 Measles

Work as part of the national MMR catch-up focused on 15 to 30 year olds, particularly Māori and Pacific, continues, with the Auckland strategy to increase awareness of the need to be immunised and increasing access to the vaccine.

We have seen a positive upswing in vaccinations given since February 2021 as the school and tertiary institutes components of the programme began to be rolled out. Since the campaign was soft launched by Minister Genter in July 2020, 1,922 MMR doses had been recorded on the NIR for Auckland DHB 15 to 30 year olds. Of these 188 were given to Māori and 405 to Pacific. Family Planning and the Regional Sexual Health clinic are now contracted to provide MMR alongside routine services.



The DHB MMR team have given 1,123 MMR doses across the Auckland and Waitematā settings, taking a holistic approach and offering a catch up of Boostrix (Pertussis, 385 vaccines) and HPV (603 doses) in schools and meningococcal (73 doses) in tertiary residential facilities. To date, 165 Counties Manukau DHB domiciled patients will also have been immunised by the Auckland DHB/Waitematā DHB MMR project in schools and tertiary locations. A further 40 people have been immunised by the Auckland DHB/Waitematā DHB MMR team in the tertiary setting where their records have them as domiciled outside of Metro Auckland, which is common in tertiary settings.

In the coming months the MMR project team will be shifting focus to the non-University tertiary providers and community pop-ups.

4.1.3 COVID vaccine

The NRHCC continues to lead the COVID vaccine roll-out across Metro Auckland. The secondment of the Senior Programme Manager – Child Health has now ended. The Immunisation Programme Manager is monitoring childhood immunisation coverage rates of primary care clinics that are now delivering COVID vaccination, with clear expectations that this vaccine programme cannot disrupt the childhood immunisation events.

4.2 Uri Ririki – Child Health Connection Centre

We are delighted to report that the "reaching every child" work of Uri Ririki won the Excellence in Health Outcomes award at the recent Waitematā DHB Health Excellence awards.

As at 30 June 2021, Auckland DHB received 1,747 referrals to Noho Āhuru – Healthy Homes (NA-HH). This included 6,536 family members getting access to healthier home interventions. Of the referrals received, 620 (36%) were for families with a newborn baby or hapu woman.

Targeted initiatives to promote referrals into the programme continue to be implemented. These, coupled with winter months have contributed to increased referral volumes being seen in the service in recent weeks.

4.3 Well Child Tamariki Ora and B4 School Check

Well Child Tamariki Ora (WCTO) providers have managed to catch up Pacific and European tamariki that had missed their core checks during the lock downs. However, less Asian and Māori tamariki had their core checks in April-May of 2020/21 than in April-May 2019/20. Overall, for April-May of 2020/21, the Auckland DHB WCTO services delivered more core checks - 1,985 compared to 1,815 for April-May of 2019/20. Auckland DHB continues to work very closely with the WCTO providers to make sure that there are no outstanding core checks.

WCTO Core checks April-May 2020/21 and April-May 2019/20

	Asian	European	Māori	Pacific	Other	Unknown	Total
April-May 2020/21	237	325	666	674	55	28	1,985
April-May 2019/20	252	296	768	442	38	19	1,815

The WCTO core checks in the table above do not include Plunket data. The MoH funds Plunket directly. Auckland DHB is working with Plunket to establish a sustainable process of data sharing.

COVID-19 alert levels have impacted B4 School Check (B4SC) services but the B4SC provider has worked hard to catch up. For the period May 2020/21, Auckland DHB did not achieve the 91.7% target for the High deprivation, Māori, Pacific and eligible total population target. However, the B4SCs for May 2020/21 were higher than those of May 2019/20. The Auckland DHB B4SC provider indicated that the target was not met largely due to COVID-19 and the lockdown periods Auckland has experienced, as well as the reduced contact numbers in alert level 2. The service is also reporting some staff attrition to COVID vaccination work.

To meet the target, the provider continues to prioritise Māori, Pacific and Q5 families and following up on families that were seen via zoom. The provider is offering clinic visits as well as home visits. They see a child in their Early Childhood Education (ECE) if that is what suits the parent. They are also offering virtual visits to those families who are still concerned about face-to-face visits due to COVID-19.

The table below shows that all the B4SC targets for May 2020/21 were higher than those of May 2019/20. It is positive to note that despite COVID-19 lockdowns, Auckland DHB had more B4SCs in May 2020/21 meaning that the provider is catching up the missed tamariki.

B4SC Comparison Auckland DHB May 2020/21 and May 2019/20

Percentage of eligible population checked	Target	High deprivation	Māori coverage	Pacific coverage	Overall coverage
May 2020/21	91.7%	83.8%	82.5%	83.4%	77.9%
May 2019/20	91.7%	60.6%	65.0%	65.9%	61.3%

Auckland DHB has continued to achieve the Health Target with 99% of obese children identified in the B4SC programme being offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions in May 2020/21.

4.4 Oral Health

The Auckland Regional Dental Service (ARDS) is the provider of universal oral health services for pre-school and school age children across metropolitan Auckland. There are approximately 280,000 children enrolled with the service. Services are delivered from 83 clinics, which are primarily located in schools. The majority of children are seen while they are at school, without a parent or caregiver present.

Key highlights since last update to the Board include:

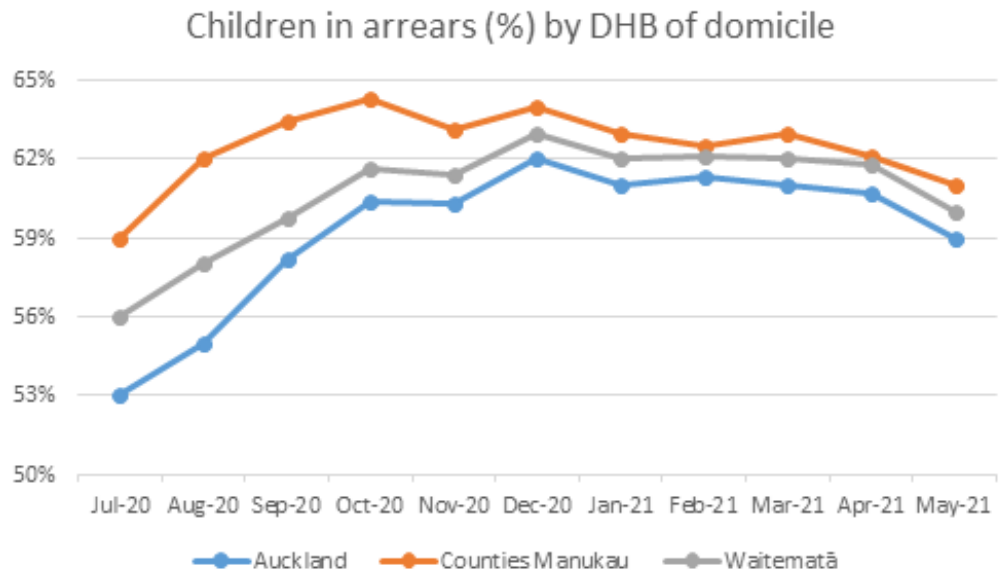
- 4,078 less children are in arrears in May compared to April
- The number of longest waiting children reduced by 710 children
- Teams continue to make steady progress to see Year 8s before they leave the service by the end of 2021, with 26% (n=5,672) seen so far
- Non-attendance rate is reduced across all ethnicities with 11% for ADHB. ARDS has developed an *Equitable Access Strategy* to address the inequities in attendance for Māori and Pacific children.

Arrears

The table below outlines the percentage of children in arrears by ethnicity for ADHB.

DHB	Māori	Pacific	Asian	Other	Total
Auckland	60% (4508)	60% (6819)	56% (11653)	60% (16494)	59% (39474)

The graph below demonstrates the percentage of children in arrears over time by DHB of domicile.



The overall number of children who are in arrears dropped by 1% (n=4,078). This downtrend was shown in all ethnic groups; 1% decrease for Maori and Pacific, 3% decrease for Asian, and 2% decrease for other ethnicities. The productivity in May is generally higher given there are no school

holidays. However, less experienced therapists were available this month, with AUT third year students present across 13 ARDS clinics requiring experienced therapists as supervisors.

Long waiting children
The volume of long waiting children, those who last attended ARDS prior to 2018, across metro Auckland has reduced by 710 over the last month. The service continues to prioritise children who are most overdue. In addition, the Discharge Management Process is now well established in ARDS. Currently, there are 1,400 long waiting children in Auckland DHB.

Children <2-years seen
The table below shows the percentage of children aged between 12-23 months old who have attended an appointment with the service as of 31 May 2021.

DHB	Māori	Pacific	Asian	Other	Total
Auckland	24% (153)	24% (196)	28% (538)	26% (480)	26% (1367)

Less children aged 12-23 months attended an appointment with ARDS this month (n=407). This is because the dedicated Centralised Booking Team was used in the ARDS test for change Service Improvement Project and was not available to book this age group.

ARDS Service Improvement Initiative
To address critical issues impacting service delivery, ARDS is reviewing its operating model in order to maximise productivity and operational efficiency, while not perpetuating oral health inequities.

Key deliverables for this project include:
- Develop more flexible facility options to ensure services can be provided most efficiently in areas with the highest need (by Aug 2021).
- Review of ARDS operating model to ensure it is fit for purpose and supports equitable oral health outcomes (by Sept 2021)
- Creation of a workforce development plan to ensure that the service has the culture, capability and capacity to operate and deliver equitable oral health outcomes (by Oct 2021)
- Develop an agreed future state and a 'road map' to transition to the new operating model (by Dec 2021)
- Develop a five year Clinical Services Plan to guide future service development and provision (by Jun 2022).

4.4.1 Maternal Oral Health Project - Hapu Māmā Oranga Niho Ki Tamaki
A total 210 referrals were received by the service by May 2021. A majority of active referrals are Pacific (50%) and Māori (42%) wāhine. The majority of these women (85%) had untreated dental caries on 1 or more teeth and all had gum disease with 55% of women having advanced gum disease. This service is further extended to 12 months until June 2022 to treat additional 180 pregnant women.

4.5 Contraception
LARC training continues to be provided to primary care providers through ADHB contraception clinics. Feedback is positive and trainees welcome the opportunity. Throughput remains constrained by capacity. A number of initiatives to strengthen provision of LARCs in the district are planned. These include continuing to support and strengthen training opportunities for providers, review of fees paid to providers and a number of initiatives to promote the services and support women to access the contraception providers.

4.6 Cervical Screening

Cervical Screening coverage across New Zealand including Auckland DHB is below the national performance target of 80%. In the Auckland DHB area, 69.0% of eligible women were screened in the three years ending 31 May 2021. The coverage rate remains inequitable for Māori at 57.6%, a 22.4% difference from the performance target. Coverage for Pacific and Asian women also remains inequitable at 59.8% and 58.5% respectively (noting that there is currently no outcome inequity for Asian women, however this remains for both Māori women and Pacific women).

We welcome the Government announcement on the funding for human papilloma virus (HPV) primary screening, including HPV self-testing, to be launched in July 2023. Waitematā DHB and Auckland DHB have led two trials of HPV self-testing which have contributed substantially to the evidence base for decision-making, and will continue to contribute to the implementation planning. A communications plan is under development around the change to the programme, we will coordinate with the Metro Auckland DHBs for consistency. Communications will focus on encouraging women aged 25 to 69 years to continue to follow the current cervical screening programme rather than waiting for the implementation of the programme changes in 2023. An online education forum will support health care providers with information about the new programme to ensure they are confident to advise patients about the impending changes.

MoH are planning a screening campaign will be developed in collaboration with a sector advisory group and it will build on the Start to Screen campaign.

Prior to implementation of the HPV primary screening programme, equitable access cervical screening among Māori and Pacific women remains our priority. The MoH have provided a small increase in allocated funds for free and accessible cervical screening. These are prioritised for Māori and Pacific women in our districts to address equity gap. Additionally, MOH have provided a modest additional fund ($45k) to Auckland DHB for 2021/22 to address the COVID-19 impact on screening coverage – this funding was allocated according to the most substantial COVID-19 impact on screening and areas with the highest pre-COVID-19 equity gap. Planning for implementation of supports with this fund is underway and will be confirmed for implementation from September 2021. Implementation and evaluation of voucher incentives to increase targeted access to cervical screening is planned for 2021/22.

5. Mental Health and Addictions

5.1 Homelessness Transitions Pilot

On 10 February 2021 MoH entered into a contract with Auckland DHB to deliver the Rapua te Ahuru Mowai/Homelessness Transitions Pilot over four years. The pilot seeks to address the urgent issue of people stuck in inpatient services who no longer clinically need to be there but if discharged would be homeless and without a suitable discharge address.

A high proportion of tangata whaiora who have an extended stay in mental health and addictions inpatient units are Māori. The Homelessness Transitions Pilot initiative will include a focus on providing culturally appropriate support that responds to the needs of Māori.

The PFO completed the procurement and contract negotiations with the preferred providers – Mahatahi a Kaupapa Maori provider providing the wraparound support and CORT providing the housing. Since that point the Auckland DHB Project Manager, the Clinical teams and the providers

have been working through the co-design process prior to using the tools to screen and place tangata whaiora.

6. Pacific Health Gain

6.1 Pacific Regional response to COVID-19

The Pacific Locality Vaccination Centre providers that have centres located in Otara and Westgate, Massey have collaborated with the NRHCC Pacific team to encourage Pacific communities to book as individuals or by group to receive their vaccination. Meetings have been held with Pacific church communities to convey key vaccination messages and to address vaccine hesitancy and concerns.

The Otara and Westgate centres continue to be well utilised and changes have been made to accommodate the steady increase in the number of people seeking to be vaccinated.

6.2 Pacific Mobile service

The Tongan Health Society continues to deliver Pacific mobile services to Pacific people in the community to improve access to services and equitable outcomes. Discussions have started about whether the mobile services can also be utilised to support COVID-19 vaccinations, in addition to primary care and COVID-19 testing if required. Further discussions will be held in the coming weeks.

6.3 Self-Management Education/Diabetes Self-Management Education Programmes.

Four SME/DSME programmes were delivered during May and June 2021. A total of 75 participants were awarded with a Certificate on the last week of the programme. Two programmes were held with church groups, one community group and one with an extended family group. This is the first time we have opened the opportunity to working with families in the home. A total of 15 family members participated of which the majority had one or more long term conditions.

The family feedback that they appreciated receiving the programme in the comfort of a family home, utilising the Samoan language made it interactive, having access to a registered nurse who was able to talk about the importance of medication and deliver general health education. The programme has paved a way for families to choose to openly share their health conditions and seek support as a whole family rather than health issues being dealt with individually. Information about the COVID-19 vaccination and other immunisation programmes was shared with all four groups, including the encouragement to get vaccinated.

7. Māori Heath Gain

7.1 Māori Mobile Units

Ngati Whatua O Orakei has continued to deliver this kaupapa Māori, Nurse led service in Auckland DHB. Between April and June 2021, the service has seen 608 whānau members from 277 different households (261 in April, 139 in May and 208 in June), the following interventions were delivered:

- 297 NIR status checks
- 90 flu vaccinations
- 84 childhood immunisations (59 further immunisations cancelled)
- 34 adult MMR vaccinations
- 17 whānau given education regarding immunisations

97 whānau have responded to a satisfaction survey on this service, with 96% of them rating the Māori Mobile Unit as excellent and would like to be re-visited by them.

The service has recently been extended until 21 November 2021. An additional provider has also been contracted, with Te Hononga standing up a vaccination only unit from July to focus on flu and MMR vaccinations.

7.2 Māori Pipeline Projects

The Pipeline is one of the three prioritised areas of focus for Kōtui Hauora.

7.2.1 Māori Health Plan Acceleration Projects

Breast Screening Data Match: The original project is complete and the report provided to the National Screening Unit. To support the ongoing equity focus of the new BreastScreen Auckland Central (BSAC) lead provider the Pipeline team are undertaking a repeat match to provide the most up to date data, and have also undertaken a hospital match. The service is considering scaling up the contact centre to optimise the availability of data to contact women.

Cervical Screening High Grade Project: This project is complete and a project report sent to the National Cervical Screening Programme. A high grade component within the HPV self-testing programme has been included. An aligned project is being supported with the Child, Women and Youth team evaluating incentives for cervical screening.

7.2.2 New Services

Te Oranga Pūkahukahu Lung Cancer Screening Research Programme: This is a large-scale collaborative project with Otago University, Waitematā DHB and Auckland DHB, led by Professor Sue Crengle and supported by a Māori-led steering group. A Māori nurse has recently been appointed to support the programme, starting with training in primary care and working on clinical pathways and the data collection tools. She will be supported by senior Māori nurses in cancer and respiratory services. The study protocol and documentation have been submitted for ethical review. A shared decision making document has undertaken substantial development work, working closely with Health Literacy NZ. The survey results are being developed for publication. The team are supporting MidCentral DHB with roll-out of the survey in their area, which will provide useful comparison with Auckland and Northland DHB. The Consumer Advisory Group Te Ha Kōtahi recently considered the range of issues with biobanking and how this might fit into a future programme, and will visit the Auckland Regional Tissue Bank in the near future.

AAA/AF Screening: Approvals for the data to support the completion National Hauora Coalition practices is being finalised, and the Pacific AAA/AF trial is progressing well with less than 100 participants now required to reach the 750 participant target. A medical student has joined the team to collect further information on Atrial Fibrillation (AF) follow up for the Māori study participants, based on the audit work undertaken to date. The further data collection will focus on anticoagulant medication and vascular risk assessment. The team are further progressing discussions in Northland DHB about a pilot in two rural areas, and further development work to adjust the model for rural settings. The opportunity for workforce development in Northland is also being supported. Grant funding applications are being finalised to support this work.

7.2.3 New Models of Care

Kapa Haka Pulmonary Rehabilitation: This project seeks to use Kapa Haka as an intervention to improve respiratory fitness and determine whether it can on its own, or augmented, be used as pulmonary rehabilitation. The project developed out of Dr Sandra Hotu's PhD studies. An ethics application is being prepared.

Hepatitis C: This project is a datamatch and re-offer of treatment to those with known Hepatitis C in the Northern Region. The project focuses on elimination for Māori first and is led by a Māori GP,

supported by a Māori pharmacist. The clinical pathway has been finalised with Subject Matter Experts, and has been endorsed by the Metro Auckland Clinical Governance Forum. The engagement coordinators have both started, one Māori and one Pacific, and are currently being trained. They will undertake a small number of service user interviews before the project is started to check that the planned pathway is fit for purpose. The national datamatch has been completed and we await the final approval to receive the data. Local approvals for data augmentation and clinical information systems support have been granted.

HPV Self-Testing Implementation Studies: Waitematā DHB and Auckland DHB have had a research programme for HPV self-testing for cervical screening since 2016. The new implementation research programme intends to focus on specific areas relevant to the national implementation of HPV primary cervical screening planned for 2023. Four interlinked studies are included, working closely with primary care for the largest study which examines a specific training process, an opportunistic offer in primary care, telehealth service with results management and later a mail-out option. The programme includes a sub-study with people who have had a history of a high grade abnormality on previous screening, and also includes a study on those not enrolled in primary care. Provisional ethics approval has been granted and the projects discussed with the National Screening Unit.

7.3 Healthy Babies Healthy Futures

The Healthy Babies Healthy Futures (HBHF) programme has achieved the overall targets for both TextMATCH and CLP programme for the 2020/2021 contractual year.

- The MoH confirmed at the Roopu Kaitiaki Hui (28/5/21) that the programme will continue to be funded for the 2021/2022 funding year.
- The Asian Network Incorporated (TANI) applied and was awarded funding ($57,526) on behalf of the community providers to Foundation North to fund the e-Learning courses. These will be completed during the 2021/2022 contract year.

HBHF Key measures – 1 July 2020 to 30 June 2021

	TextMATCH Enrolments		Programme (6 courses) enrolments		Lifestyle reviews collected - 6 weeks post	
COMMUNITIES	**Actual**	**Performance**	**Actual**	**Performance**	**Actual**	**Performance**
Māori	257	114%	162	112%	65	65%
Pasifika	205	91%	127	88%	100	100%
South Asian	236	104%	174	120%	106	106%
Asian	228	101%	396	275%	138	138%
Total	**926**	**103%**	**859**	**149%**	**409**	**102%**

8. Asian, Migrant and Former Refugee Health Gain

We continue to support the region to provide culturally appropriate guidance for COVID-19. Focus has been on COVID-19 vaccination messaging for the CALD communities.

This has included working with NRHCC and Counties Manukau DHB to produce COVID-19 vaccine promotion videos**.** The first round of these featured health professionals (primarily doctors) who shared some basic information about the COVID-19 vaccine and encouraging their respective community members to get the vaccine. These videos have been produced in 13 Asian/MELAA languages (including English).

To support the current Group 3 roll out, second set of videos were filmed and are being finalized. These videos also feature health professionals who share the Group 3 roll out messages in their respective languages. This video will be available in 18 Asian/MELAA languages (including English).

The team is working closely with AoG COVID-19 website team to support the inclusion of translated materials in MELAA languages.

Feedback has been received from community members and organisations regarding the challenges Asian/MELAA communities are facing with the vaccination drive. Overall this has been positive, however there are areas of improvement which primarily relates to poor experience using the 0800 282926 number, unable to access timely language support (waiting times for over an hour), unavailability of consent forms in Asian/MELAA languages, access barriers to COVID vaccination due to booking difficulties, language and tech barriers/issues for over 65's receiving the booking information. The feedback has been shared with NRHCC.

Hospital Advisory Committee Meeting 23 June 2021 – Draft Unconfirmed Minutes

Prepared by: Marlene Skelton, Corporate Business Manager

Recommendation

That the unconfirmed minutes from the Hospital Advisory Committee meeting held on 23 June 2021 be received.

Minutes
Hospital Advisory Committee – Provider Equity Meeting
23 June 2021

Minutes of the Hospital Advisory Committee – Provider Equity meeting held at A+ Trust Centre, Auckland City Hospital and via a Zoom meeting commencing at 2:30pm

Committee Members Present Tama Davis (Chair) Bernie O'Donnell Fiona Lai Heather Came Michael Quirke **Zoom** Jo Agnew (Deputy Chair) Doug Armstrong Michelle Atkinson Peter Davis **Board Observers** Krissi Holtz Shannon Ioane	**Auckland DHB Executive Leadership Team Present** Dr Michael Shepherd – Interim Director Provider Services Dr Mark Edwards – Chief Quality, Safety and Risk Officer Justine White – Chief Financial Officer Margaret Dotchin – Chief Nursing Officer Meg Poutasi – Chief of Strategy Mel Dooney – Chief People Officer Sue Waters – Chief Health Professions Officer **Auckland DHB Senior Staff Present** Jo Brown – Funding and Development Manager, Hospitals Dr Barry Snow – Director, Adult Medical Directorate Dr Richard Sullivan – Director, Cancer and Blood Dr George Laking – Medical Oncologist Alex Pimm – Director Patient Management Services Nigel Robertson – Interim Director Perioperative Services Duncan Bliss – Interim Associate Director Surgical Services Kay Sevillano – EA to Deputy Board Chair (minutes) (Other staff members who attend for a particular item are named at the start of the minute for that item)

KARAKIA

The Karakia was led by Meg Poutasi, Chief of Strategy.

1. APOLOGIES

That the apologies of Zoe Brownlie, Board member be received.

That the apologies of Executive Leadership Team members Ailsa Claire (Chief Executive), Dr Debbie Holdsworth (Director of Funding – Auckland and Waitematā DHBs), Karen Bartholomew (Director of Health Outcomes – Auckland and Waitematā DHBs), Dr Margaret Wilsher (Chief Medical Officer) and Shayne Tong (Chief Digital Officer) be received.

2. REGISTER AND CONFLICTS OF INTEREST *(Pages 6-8)*

Michael Quirke, Board Member advised that he is on the Health Alliance Board, representing Auckland DHB.

There were no other conflicts of interests to any items on the open agenda.

3. CONFIRMATION OF MINUTES 21 April 2021 *(Pages 9-23)*

Resolution: Moved Jo Agnew / Seconded Michelle Atkinson

That the minutes of the Hospital Advisory Committee meeting held on 21 April 2021 be approved.

Carried

4. ACTION POINTS *(Page 24)*

a) Guidance on reports (socialising the use of Te Reo Māori; use or readable fonts, graphs and illustrations; defining acronyms consistently; and inclusion of framework with intention that defines process and completion)

Dr Michael Shepherd, Interim Director Provider Services confirmed that the guidance provided by the Board have been noted and included in report writing guidelines. He requested that the Directorate A3 be the way in which to measure progress, as the document will include outcome measures and narrative around provider directorate activities. Directorate Business Plans will be presented at the next meeting.

b) Māori leadership involvement in different directorates

Tama Davis, Hospital Advisory Committee Chair advised that the matter is to be discussed further with Bernie O'Donnell, Board Member.

Director Equity Update – Clinical Support

Bernie O'Donnell has discussed Māori pathways with Ian Costello, Director Clinical Support. However, Tama Davis and Bernie O'Donnell agreed that recommendations around creating Māori pathways at Auckland DHB through the three major Wānanga would need to be taken to the Board for consideration.

5. PERFORMANCE REPORTS

5.1 Provider Arm Operational Exceptions Report (*Pages 25-28)*

Dr Michael Shepherd, Interim Director Provider Services asked that the report be taken as read, opening the floor to questions from the committee.

There were no questions raised nor points to consider

Resolution:

That the Hospital Advisory Committee receives the Provider Arm Operational Exceptions

Report for June 2021.

Carried

5.2 Financial Update *(Pages 29-38)*

Justine White, Chief Financial Officer, asked that the report be taken as read.

Justine explained that Auckland DHB is on track as expected, with a forecast of $42 million deficit by the end of 2021. The organisation will be $3million above budget, which relates to donations received earlier in the year.

She explained further that the organisation is currently in its first deficit year after a significant period of not being in deficit. Previous finances were in deficit as a result of a one-off Holidays Act provision. Over the last three years, approximately $260 million has been accrued due to the Holidays Act and the organisation continues to accrue $40 million per annum.

There were no other questions raised.

Resolution:

That the Consolidated Statement of Financial Performance for June 2021 be received.

Carried

5.3 Director Equity Update – Cancer and Blood *(Pages 39-46)*

Dr Richard Sullivan, Director Cancer and Blood and Dr George Laking, Te Whakatōhea, Medical Oncologist, Kaihautū – Pou Ārahai, asked that the report be taken as read.

Dr Laking reported that Te Pūriri o Te Ora was the name gifted to the service by Dame Naida Glavish, Chief Advisor Tikanga – Auckland DHB. Considerable work within the directorate is being undertaken around alignment with the organisational strategy, particularly in terms of Te Tiriti o Waitangi in Action, and embedding foundational changes in workplace culture.

The service introduced a series of Wānanga (workshops), which commenced on 16 April 2021, which was attended by Pat Snedden, Board Chair and Tama Davis, Deputy Board Chair. The purpose of the programme is to provide learning and facilitate a better understanding of history to be able to work in a manner that is culturally safe. The programme takes place fortnightly and alternates with fortnightly powhiri to welcome new staff and whānau into the service. Staff who leave the service are accompanied to their new mahi and handed over in person. This practice will be included as part of the directorate's work programme.

There was successful engagement with Te Whetu Mārama marae in relation to whānau who had a poor experience with the service. Huis with the whānau and health care team provided learnings that will be documented and used to improve services going forward.

Dr Laking expressed gratitude and acknowledged the support of Ngāti Whātua in enabling the development of Maturanga and Tikanga in the service. He also thanked the committee,

staff and whānau for contributing to the improvement of Te Pūriri o Te Ora.

Jo Agnew, Hospital Advisory Committee Deputy Chair queried the presence of Māori leadership in the directorate to support the initiatives specified in the report. Dr Laking identified himself by way of his own whakapapa (his mother is from Whakatōhea in the Eastern Bay of Plenty), the Kaimahi Māori (the team) whose kaupapa is Te Pou Ārahi (the Guiding Post). The Te Pou Ārahi leadership consists of Dr Laking (Chair of Te Pou Ārahi), Tame Hauraki (kaumatua), Troydyn Raturaga (Auckland DHB Provider Services), and Ingo Lambrecht (Ngati Whatua by adoption).

Bernie O'Donnell, Board Member acknowledged the humility in which the report was presented and congratulated the team on the progress. He noted it was important to establish the right Māori framework and to create a pathway that addresses the needs of other constituents.

Michael Quirke, Board member queried the warranty period for linear accelerators that resulted in increased cost of service contracts. He asked whether the expense of $2 million over the next 10 months and possibly another $400,000 in the next 2 months would be budgeted for in the next financial year. Dr Sullivan explained that linear accelerator contracts are for a 10-year period. Two accelerators are to be replaced in the next 6 to 12 months. Future service contracts will be budgeted.

Peter Davis, Board Member queried the concept of disseminating key clinical skills beyond the medical workforce to achieve necessary increase in geographical range and to remedy burnout. Dr Laking explained that this concept was in line with a different model of care that involves training people to gain the right skillset and providing the necessary support to allow them to do their job, as opposed to a model of quality assurance that focuses on paper-based processes, supervision and oversight. Dr Shepherd further explained that this was an organisation-wide approach aimed at ensuring staff were able to work at top of their scope as well as partnering with whānau to deliver improved quality of care. Michelle Atkinson, Board member mentioned that nurse practitioners, nurse prescribers and nursing-led primary care practices are examples of new ways in which certain tasks originally done only by doctors and are now diversified.

Dr Sullivan explained the scorecard results, particularly the metrics for patient-centered ratings that were marked red (refer to page 45). He said that the demand for services increases between 15% to 18% annually, which places a constant strain on ensuring that the appropriate service model and workforce is in place to meet demand. There is also need to ensure that services are community-focused and patient-centered. Although the goal is to see patients within 4 weeks or less under the faster cancer treatment pathway, making this happen is a challenge. However, the service has set targets that they are working to meet to improve ratings. Tama Davis, Chair Hospital Advisory Committee said that it is the committee's duty to ensure that targets are being met, but to also to ensure that directorates are setting achievable targets.

Resolution:

That the Director Equity Update – Cancer and Blood for June 2021 be received.

Carried

5.4 Director Equity Update – Patient Management Services *Pages 47-52)*

Alex Pimm, Director Patient Management Services asked that the report be taken as read.

Alex advised that the report focuses on staff and the support provided to them. The service's initiatives and improvement of patient support will be discussed the next time he presents to the Hospital Advisory Committee meeting.

Fifty-one Auckland DHB staff are graduating on 25 June 2021 through the Thrive programme. Forty-two of those will be graduating with level 2, 3 or 4 NZQA qualifications. Nine people who have English as their second language are being supported through digital literacy and use of English in the workplace to help them achieve NZQA qualifications. The programme has been in place for a couple of years and has resulted in people moving into other roles within the organisation (e.g. reception and health care assistant roles).

Auckland DHB has about 200 volunteers that regularly work at the hospital to support patients. The service is taking steps to change the demographic of volunteers, identifying more flexible ways of volunteering. Current volunteers are in the hospital wearing blue coats and green vests. The companionship volunteer programme has also been expanded and has been the service's biggest success over the past year. The programme provides patient support in a variety of settings and across the different wards (e.g. Adult Health, General Medicine), and through the Grandparents programme in Starship. The service is looking to provide support to the Surgical ward particularly for short-stay patients who might benefit from having companionship while in hospital**.** All volunteers have been offered the Covid-19 vaccine.

Jo Agnew, Deputy Chair Hospital Advisory Committee queried the volunteer uniforms and the way in which the organisation acknowledged volunteers for their contribution. Alex Pimm explained that volunteers are involved in the modernising and standardising of volunteer uniforms across the organisation. The goal is also for volunteers to able to cover a number of different roles across the hospital. The service hosts Volunteer Christmas parties and morning teas as a way to express gratitude for their service. Senior leaders spent time with volunteers this year to personally acknowledge their contributions. The volunteer centre has also been refurbished.

The directorate is in the early stages of integrating Te Tiriti o Waitangi into their work programme and with the support of Māori leadership and experts from other parts of the organisation, they will utilise a Te Tiriti analysis tool to review policies and practices.

Although the directorate's leadership team is diverse it does not currently have Māori representation. The service has a total of 1,100 staff of which 6% are Māori and belong to tier 4 roles along with Pacific people. A number of developmental opportunities and the

Thrive programme are in place to support staff progress to other roles within the organisation.

Fiona Lai, Board member queried whether younger volunteers were being recruited as the organisation works to provide a safe workplace and provide possible career pathways for rangatahi. Alex Pimm said the age range of volunteers are between 18 and 88 years of age. As a result of working with educational institutions, a number of young nurses and allied health students work as volunteers in the hospital. Blue coat and reception roles tend to be filled by senior volunteers who are more flexible and can offer more of their time. Younger volunteers have less time so flexible volunteering schedules are provided.

Bernie O'Donnell, Board member queried the presence of Māori or mana whenua intelligence to help inform the work that the service is doing to uphold Te Tiriti o Waitangi and address equity issues. Alex Pimm said that support for equity-focused initiatives are gained through engagement with Māori teams and clinicians within the organisation. However improvements are to be made in this space going forward.

Michael Quirke, Board member commended the favourable audit performance of cleaning services delivered during the Covid period and queried whether these costs could be factored in when having discussions with the Ministry of Health. Justine White, Chief Financial Officer explained that costs that are clearly Covid-related are brought forward for discussion however routine services (e.g. cleaning services) are difficult to identify as direct Covid-related expenses. Alex Pimm further explained that cleaning services have stepped up over the past 18 months and have made a significant effort to meet the demand of a Covid environment. The cost impact is however not proportionate and some savings are available from efficiencies made elsewhere as well as through Covid allocations from the Ministry of Health. These activities were undertaken without significant additional cost, which reflects the agility and responsiveness of the team.

Shannon Ioane, Board Observer queried the directorate's guaranteed interviews to Māori and asked if it needed to be reframed to protect the mana of these applicants. She also asked what focused support under the Thrive programme looks like for Māori and Pacific people.

Alex Pimm explained that the organisation offers guaranteed interviews for Māori and Pacific applicants that meet the essential criteria for the role. There is a high number of people joining the service and all are valued for the skills and knowledge they bring. Focused support relates to providing assistance to employees who have high rates of absence. Coaching, EAP access and green prescriptions reviewed by the occupational health service are provided to these staff members as required.

Resolution:

That the Director Equity Update – Patient Management Services for June 2021 be received.

Carried

5.5 Director Equity Update – Perioperative Services *(Pages 53-68)*

Dr Nigel Robertson, Director – Perioperative Services asked that the report be taken as read.

Dr Robertson explained that work around embedding Te Tiriti and addressing equity continues through collaboration with the Kaiārahi nāhi and Pacific Care Navigator teams. The purpose is to facilitate patient pathway through the perioperative treatment for Māori Pacific people.

Staff are supported to be able to understand and respond appropriately to a diverse community, particularly Māori and Pacific communities, and support patients who come through the Perioperative service during a stressful and challenging time.

The service has achieved significant uplift in the ability to deliver planned care, filling in sessions during the week. There is also significant uplift in weekend work and acute weekend coverage.

Michael Quirke, Board member queried whether tikanga practices in operating rooms might bring complexity and disruption in terms of surgical safety. Dr Roberston said that the service is focused on safety and communication in the operating room and they have undertaken work in the last 5 to 10 years to strengthen their surgical safety processes. The team are thus comfortable with incorporating Tikanga Māori in the operating room as it does not impact on their ability to provide safe and effective patient care. Team briefings take place before the first patient is brought in. This is a chance for everybody to introduce themselves to one another and it is then where the decision is made to have a karakia or not.

Welcome signage in Te Reo Māori and karakia in all meetings are now becoming part of normal practice and is welcomed by staff.

Peter Davis, Board member queried whether the 85% theatre utilisation (refer to page 66) is sufficient. He wanted clarity around whether theatre utilisation meant 5 days a week from 9:00 am to 5:00 pm. Dr Robertson explained that there are a number of ways to look at utilisation. One measure is session utilisation which means 85% of resource time is used while the patient is in the operating room being cared for. The other measure is the number of available sessions that are utilised. In this report, utilisation means the in-session patient contact time, with 85% resource time as a nationally agreed acceptable figure. Resource time spent at level 8 operating rooms is over 91% at present. These all relate to planned care utilisation where a percentage of the resource time is allocated for the planning sessions during the week. There are a number of Saturday lists on occasion that result in slightly extended theatre days in certain areas and staffing mix is required, noting that it doesn't take account of the acute provision.

Michael Quirke, Board member asked about the average time patients spend in theatre. He queried whether patient cases (average or complex) could be categorically recorded through coding or pricing, to understand the drivers that result in longer stays and to identify ways to improve efficiencies.

ACTION: Perioperative and Surgical services will report on case complexity and operating time by procedure to further explain length of stay in theatre.

Resolution:

That the Director Equity Update – Perioperative Services for June 2021 be received.

Carried

5.6 Director Equity Update – Surgical Services *(Pages 69-80)*

Duncan Bliss, Interim Associate Director Surgical Services asked that the report be taken as read.

Duncan advised that the report acknowledges the lack of Māori representation in the Surgical Directorate Lead Team. The directorate has since taken initial steps to address the gap by having Kaiārahi nāhi representation on the team who attend meetings on a weekly basis, and Pacific Care Navigators in attendance on a fortnightly basis.

The report also provides an update on current DNA levels where there has been a marginal improvement in Māori and Pacific patient DNA rates. The service has recently engaged with the surgical bus based at Counties Manukau DHB that has been delivering dental services to predominantly Māori and Pacific children for the last 6 weeks. Three hundred children have since been attended to and the DNA rate is under 1%. Auckland DHB's Performance Improvement staff are working in the service to evaluate the programme.

Peter Davis, Board member asked whether having stand-by patients to fill slots of cancelled patients appointments could be put in place. Duncan Bliss explained that that is the current way in which the standby list works and is an opportunity for utilising spare capacity. Patients are contacted a day prior to surgery to confirm their attendance. When scheduled patients choose not to come to surgery or an operation is cancelled or rescheduled, more operating space is available. Patients who are on stand by are then contacted, however this may be challenging for the person in terms of uncertainty of when they will be contacted, and having to stay 'nil by mouth'.

Peter Davis, Board member asked about learnings from the Covid experience where alternative ways of communicating with patients were utilised. Dr Shepherd explained that this question is not specific to just Surgical services but applies to all directorates. There is an opportunity to deliver more services through Telehealth, virtual platforms and other modalities, but more work is required to develop the process and methodology. Post Covid, there was an increase of patients who opted for in-person consults with clinicians. Most surgical patients need to be seen prior to surgery as they require examination and assessment.

Duncan Bliss said that day surgery admission rates are at 80% in comparison to the nationally-set target rate of 68%. There is an opportunity within the Neurosurgical service to improve current surgery admission rates because the service has a high proportion of patients coming from the region and out of town. These patients require imaging prior to operation and could be provided hotel accommodation.

Day surgery means the patient comes in and goes home after their operation on the same day. Day of surgery admission means the patient does not require admission prior to the day of operation.

There are also opportunities to improve diagnostic patient pathways in Urology that will involve streamlining of processes and working closely with patients and whānau adopting a patient and whānau-centered approach.

Low feedback rate from patients is another priority of the directorate to be able to understand patient and whānau experience of Auckland DHB's services. If patients report poor experience, the complaint is handled by services making individual contact.

Action: Dr Mark Edwards, Chief Quality, Safety and Risk Officer will share the different ways patient data is collected at the next meeting.

Resolution:

That the Director Equity Update – Surgical Services for June 2021 be received.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (*Pages 81-83)*

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Karakia Attendance and Apologies	N/A	N/A
2. Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 21 April 2021	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

4. Confidential Action Points	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Community Anatomical Pathology	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.2 Provider A3 Business Plan	**Obligation of Confidence** **Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report.**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Major Risks & Issues – Verbal Report	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Mental Health Facilities Plan	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would

	[Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Expert Advisory Review Panel – Women's Health Update	**Obligation of Confidence** **Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report.** **Privacy of Persons** **Information relating to natural person(s) either living or deceased is enclosed in this report.**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Winter Plan	**Negotiations** **Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.** **Prejudice to Health or Safety** **Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.3 Clinical Quality and Safety Report	**Prejudice to Health or Safety** **Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 4.00 pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 23 June 2021

Chair: _____ Date: _____

Tama Davis

CPHAC Commissioning Health Equity Advisory Committee Meeting 16 June 2021 – Items for Consideration from Draft Unconfirmed Minutes

Prepared by: Marlene Skelton (Corporate Business Manager)

Recommendations

7.2.1

That the CPHAC Commissioning Health Equity Advisory Committee draft unconfirmed minutes for 16 June 2021, be received.

The following item from within the draft minutes is submitted by the CPHAC Commissioning Health Equity Advisory Committee Meeting for consideration and approval by the Board.

This item is:

7.2.2	**Joint Auckland and Waitematā DHB Suicide Prevention and Postvention Action Plan 2020 - 2023** *(Was item 6.1, Pages 42-64 on the CPHAC Commissioning Health Equity Advisory Committee agenda for 16 June 2021)*
	That the Board: **1. Approves the joint Auckland and Waitematā DHB suicide prevention and postvention action plan 2020 - 2023** **2. Note the collaborative work that has been undertaken to develop this plan** **3. Notes that an update of the Zero Suicide Framework is to be brought back to the next Community and Public Health Advisory Committee meeting with consideration of the following:** **- the difference between co-governance and co-design** **- a clear plan for collaboration and co-design with Māori and Pasifika provided** **- a timeframe added**

Minutes
Community and Public Health Advisory Committee – Commissioning Health Equity Advisory Meeting 16 June 2021

Minutes of the Community and Public Health Advisory Committee – Commissioning Health Equity Advisory meeting held on Wednesday, 16 June 2021 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital commencing at 1:00pm

Committee Members Present Michelle Atkinson (Deputy Committee Chair) Jo Agnew Zoe Brownlie Tama Davis Peter Davis Fiona Lai Bernie O'Donnell Michael Quirke Heather Came **Seat at the Table Member Present** Maria Ngauamo	**Auckland DHB Executive Leadership Team Present** Karen Bartholomew – Director of Health Outcomes – ADHB/WDHB (Arrived during item 5.1 and left during item 7.2 returning during item 7.3) Dr Debbie Holdsworth – Director of Funding – ADHB/WDHB Sue Waters – Chief Health Professions Officer **Auckland DHB Senior Staff Present** Ruth Bijl – Funding and Development Manager, Children, Youth and Women Dr Carrie Bryers – Public Health Registrar Meenal Duggal – Funding and Development Manager, Mental Health and Addiction Services Manu Fotu – Suicide Prevention Coordinator Dr Sarah Gray – Public Health Physician Tracy Silva-Garay – Co Director of Mental Health Services Deepa Hughes – Programme Manager, Oral Health and Youth Health) Kim McRae – Project Manager Jackson Rowe-Williams – Researcher Marlene Skelton – Corporate Business Manager (Other staff members who attend for a particular item are named at the start of the respective minute)

KARAKIA

Michelle Atkinson (Deputy Committee Chair) led the Committee in the Karakia.

1. ATTENDANCE AND APOLOGIES

That the apologies of Teuila Percival (Chair) and Michael Steedman be received.

That the apologies of Executive Leadership Team members and Senior staff, Ailsa Claire, Chief Executive Officer, Meg Poutasi, Chief of Strategy, Participation and Improvement, Dr Margaret Wilsher, Chief Medical Officer, Nigel Chee, Interim General Manager Māori Health,

Hineora Hakiaha, Co-Director Mental Health and Carly Orr, Director Communications be received.

The Corporate Business Manager advised that a number of those unable to be present today at the Community and Public Health Advisory Committee – Commissioning Health Equity Advisory meeting were in attendance at Waitemata DHB attending the Northern Iwi Partnership Board [Kōtui Hauora]meeting. Tama Davis advised that he and Bernie O'Donnell were also to have attended that meeting but had apologised so that there would be a Māori voice at the table for this the Community and Public Health Advisory Committee – Commissioning Health Equity Advisory meeting.

Michelle Atkinson (Deputy Committee Chair) invited members around the table to introduce themselves as "Seat at the Table Member", Maria Ngauamo was attending her first Community and Public Health Advisory Committee – Commissioning Health Equity Advisory meeting and was unknown to appointed members and staff.

2 REGISTER AND CONFLICTS OF INTEREST (Pages 6-8)

Michael Quirke asked that Director – healthAlliance Board be added to his register of interests.

There were no conflicts of interest with any item on the open agenda.

3 CONFIRMATION OF MINUTES 17 MARCH 2021 (*Pages 9-23)*

Resolution: Moved Zoe Brownlie / Seconded Michael Quirke

That the minutes of the Board meeting held on 17 March 2021 be confirmed as a true and accurate record.

Carried

4 ACTION POINTS- NIL

There were no outstanding action items to consider.

5 EXECUTIVE INFORMATION REPORT

5.1 Planning, Funding and Outcomes Update (*Pages 24-42)*

Dr Debbie Holdsworth, Director of Funding for Auckland and Waitematā DHBs asked that the report be taken as read, highlighting key points as follows:

COVID

COVID 19 features significantly in the work that the Planning and Funding team are undertaking.

Vaccination is going particularly well in the aged cared residential sector, despite media reports to the contrary. 158 facilities have already received their first vaccine dose visit and the total 181 facilities will have received their first dose visit by the end of next week. All facilities are scheduled to have the second dose administered before the end of July. In terms of the Flu vaccination aged care facilities were all advised to undertake this in April and only those scheduled for the early stages of the COVID vaccination roll out were advised to wait.

There has been a very intensive communication programme with the sector and we have received lots of positive feedback.

It has been concerning that the commentary around the vaccination programme tends to be negative in the main as it has the potential to undermine general confidence in the programme.

Budget

The recent budget announcements have been welcomed. These relate to the introduction of primary HPV cervical screening including HPV self-sampling in 2023, a new breast screening population register and the continuation and expansion of the housing programme. Breast screening for Auckland is going particularly well. The April data has been received from the Ministry and Auckland and Waitematā services are the only ones in the country showing that coverage for Māori is higher than non-Māori and Pacific coverage, being the highest of all ethnicities. This can be attributed to the work of the Māori Health Pipeline and a pro-equity strategy to protect capacity enabling both Māori and Pasifika to be screened at double the rate at which they are represented in the population.

Awards

The Waitematā Health Excellence Awards were held last night with work across both Waitematā and Auckland DHBs being recognised.

Uri Ririki – Child Health Connection Centre – Knowing every child won the "Excellence in Health Outcomes".

Dr Karen Bartholomew won awards for excellence in research for the lung cancer screening survey and in the "Excellence in Equity" category for the Pipeline team's work undertaken for the 500 Māori women campaign. This data matching work has led to positive coverage for breast screening for Māori women.

Normalising antenatal immunisation with a SMILE! A new mid-pregnancy resource suite with positive messages for a healthy pregnancy won the "Excellence in Innovation" award.

Excellence in Primary and Community Care was won by Tū Wakaruruho the wellbeing collective in mental health which builds on our Awhi Ora work.

Dr Karen Bartholomew won a professional development for Māori Health award, accepted on behalf of Professor Sue Crengle and the team, focused on setting the foundations for lung cancer screening through Te Oranga Pūkahukahu.

This reflects that the work that is being undertaken by the team has an equity focus and is achieving good outcomes.

The following was covered during discussion:

Jo Agnew was advised that the vaccination programme within aged care facilities would be completed by the end of July.

Heather Came asked what plan was in place to address the drop in Māori tamariki immunisation. Advice was given that rates, particularly for Māori, have continued to drop since the first COVID lock down, coinciding with strong social media anti-vaccination messaging. We have received anecdotal feedback there is a reluctance to take well children to a general practice where they may be exposed to unwell people. Workshops are being held with providers and whānau to better understand this complex issue to inform our plan to address this issue.

Heather Came drew attention to page 32 of the agenda and reference to the fact that when babies are automatically enrolled into ARDS from birth lists, their ethnicity reflects their mother's ethnicity only. This means if a baby's father is Māori and the mother is not, the baby will not be recorded as being Māori in ARDS and in her view that this was the effect of a "racist algorithm ARDS' Standard Operating Procedures now reflect the need to confirm the ethnicity of all children at the time of booking their appointment.

Heather Came commented that while it may be great news around the self-testing element to cervical cancer she considered that more could be done around capitalising on the opportunity of increased interest in cervical screening right now within the Māori community given the high profile cases covered in the media recently drawing attention to page 34 of the agenda. Michael Quirke commented that he found it difficult to understand what momentum had been gained in this quarter and asked what key things for the Funding and Planning team could be moved along with assistance from this Committee. Dr Debbie Holdsworth advised that the thing that was of concern to her was to maintain business as usual through the next year. The ability to recruit and retain staff was of concern. The teams work plan had been prioritised to be cognisant of the capacity that was available to devote to key priorities. Service continuity is always of concern to the NGO Providers and there was a general discussion around sector workforce constraints.

Michelle Atkinson was advised that there had been no information provided to Funding and Planning in relation to a new structure and what that might mean. The transition was effectively focused on ushering in a number of entities into one new legal entity that would meet any new legislative requirements. An appropriation would have to be put forward that would enable that new entity to pay Providers. Service continuity in the community is a concern and a lot of effort is being applied to what might be required for contract handover.

Michael Quirke commented that the Committee should note and acknowledge the effect the transition change would have on the team in terms of capacity that was available to devote to key priorities and to equity issues. Dr Debbie Holdsworth advised that most items in the work plan carried an equity focus and as such was still a significant work plan. The Māori health pipeline work had been prioritised and would actually accelerate.

The Medical Aid centre Contract (AMAC) was referred to by Zoe Brownlie with Ruth Bijl

advising that it came into effect in April 2021. It was one service in one location based in Dominion Road. As an existing provider they had the ability to get services up and running much faster. The basis of the contract was around "woman's choice". Work is being done with a preferred provider to get new services established in southern and western areas.

[*Tama Davis acknowledged a potential conflict of interest specifically related to PHOs in relation to immunisation and IMAC but was allowed to speak and offer comment*.]

Tama Davis asked what measures or risk mitigation processes had been put in place with PHOs to maintain service continuity given staffing challenges. Is the DHB taking an active role in ensuring business as usual? Dr Debbie Holdsworth apologised for the communication which had emanated from the Ministry of Health and advised that it related to the IMAC database listing those that had taken up COVID immunisation training but were not currently active vaccinators. 71% of people trained were not actively vaccinating. The Ministry saw an opportunity to communicate with non-active vaccinators to see if any were available to pick up work. There was some confusion about rates of payment offered among different providers. The DHB had taken a consistent payment approach with all contracts aligning to that standard payment. If there was any documented evidence to the contrary that payments outside the standard were being made the DHB would like to see this as to date the situation could not be substantiated.

[Dr Karen Bartholomew joined the meeting at this point.]

Michelle Atkinson (Deputy Committee Chair) put an earlier question asked by Heather Came as to what could be done around capitalising on the opportunity of increased interest in cervical screening right now within the Māori community given the high profile cases recently covered by the media. Dr Karen Bartholomew advised that laboratories were reporting an upswing in screening. A number of practices had undertaken an active recall process using it as an opportunity to remind people. The HPV testing study is very much focused on using this as an opportunity, with the first practices in the implementation study starting in the next couple of months.

Bernie O'Donnell drew attention to page 35 of the agenda and questioned the meaning of the word "Rapau."Tracy Silva-Garay confirmed it was a typo and at the word should be "Rapua" and that the Ministry of Health were involved in the gifting of the name.

Bernie O'Donnell commented that the Board either believed in its relationship with mana whenua or not. Having a Maori name didn't necessarily mean that the project or people were Te Tiriti compliant or focused on equity (noting that this is a MoH project) and that if Māori names were used for projects/programmes then staff need to understand what the words were and what they mean. If they are gifted by manawhenua then Dame Naida Glavsh should be involved in the naming so that a reason could be provided for why that particular name had been gifted. Because this particular example was a Crown construct it did not fit well with Bernie in terms of the journey in understanding what the ti tiriti relationship should look like.

Resolution:

That the Community and Public Health Advisory Committee notes the key activities within the Planning, Funding and Outcomes Unit.

Carried

6 DECISION REPORTS

6.1 Joint Auckland and Waitematā DHB Suicide Prevention and Postvention Action Plan 2020 - 2023 (*Pages 42-64)*

Meenal Duggal, Funding and Development Manager, Mental Health and Addiction Services, Dr Sarah Gray, Public Health Physician, Tracy Silva-Garay, Co-Director of Mental Health Services and Manu Fotu, Suicide Prevention coordinator were in attendance. [Hineora Hakiaha was unable to be in attendance.]

Meenal Duggal advised as follows:

This paper presents a joint Auckland and Waitematā DHB Suicide Prevention and Postvention action plan "Tārai Kore Whakamomori" for approval prior to taking the paper to the Ministry of Health. The plan is a living document covering the time period July 2020 to June 2023 and has taken the opportunity to align the DHBs actions with the current national strategic direction under the "Every Life Matters" banner.

The aim is to reduce if not eliminate suicide in the community. The action plan has been informed by the Auckland and Waitematā DHB population statistics, coronial suspected suicide data, the published evidence base and local expert opinion including whanau and consumer input.

The reasons for suicide are very complex and multi-faceted. It is widely acknowledged that a whole of society response is required. The action plan seeks to highlight the role that the health sector can play in that whole of society response by contributing to multi sectorial approaches and having many voices at the table.

Auckland DHB has chosen to adopt the Zero Suicide framework which is a quality improvement framework response to suicide. The approach is that suicide is preventable and can be addressed. It is initially being introduced in the Child and Youth service and then will be rolled out to other services.

A robust governance framework is being developed and it is acknowledged that the framework is in an American context and that there is a need to address how it will meet the health equity needs of our community. This review will be undertaken jointly with Māori.

Funding has been received for and an appointment made for a whanau support role for those bereaved by suicide. There is an on-going work programme for this role.

A further focus for the team is youth health where stronger connections with the Youth Clinical Governance Group and the Ministry are being developed to ensure a more multi-sectorial working environment to strengthen the response to suicide.

The following was covered during discussion:

Bernie O'Donnell acknowledged that this programme of work was in its infancy but that it would be good to better understand what working jointly with Māori and Pasifika would look like. Manu Foto advised that engagement would be at the forefront. There were Māori and Pasifika organisations that have already had a big input during the formulation of the plan and it is intended to continue and widen this collaboration. It is an overseas programme that has been adopted in other countries notably in the UK and in the Gold Coast, Australia from where good learning's had been obtained.

Bernie O'Donnell questioned why it was necessary to find solutions from the other side of the world and was there nothing within New Zealand that could have been utilised. He was advised that this particular framework had revealed a very dramatic set of results (more than a third reduction in rates, unlike any other intervention available) and outcomes with that data and evidence leading the team to exploring this particular framework. It is a comprehensive approach to responding to suicidal behaviours and thoughts.

Heather Came commented that culture is such a critical determinant of health and asked for a single example in the public health space where a programme has been adapted that has worked for Māori and Pasifika people in a New Zealand. If there is none then why is this route being followed. Dr Karen Bartholomew advised that in the Māori pipeline of work a number of overseas interventions/clinical and population health interventions were utilised and the purpose of the pipeline was to understand how they might work locally and to adapt them accordingly, prototype test and develop. Pipeline projects had seen many successful projects developed this way.

Tracy Silva-Garay advised that this particular programme is a quality improvement project (rather than a new intervention) and has had remarkable results when it has been appropriately implemented using the seven core elements. Exceptional results had been had in the UK and United States and on the Gold Coast, Australia. The Gold Coast, while not targeting indigenous populations, saw a 33% decrease in the number of people attempting or dying by suicide. Katrina Wahanui who is the Clinical Service Director for Manawanui and the equity lead is involved in applying a rigorous review process to the seven core elements. The team have met with Tama Davis and the next step is to meet with Dame Naida Glavish. This is transformational, bold and brave. Suicide impacts people's lives and permeates through society. What can be done is to make a difference through the Provider Arm in reducing the stress and harm caused by suicide.

Tama Davis commented that he had had the benefit of early exposure to the proposed programme and considered it was an "and/and" situation and not a one methodology to fit all. It was one of many avenues being utilised and only one component of the broader Suicide Action Plan in front of the Committee. This is about working with Māori to see what Māori consider appropriate for them in their space and why it had his support and why he wanted it socialised with the Māori board members of Counties Manukau and Waitemata DHBs.

Tracy Silva-Garay advised that this programme would employ a co-governance model, and it

was intended to embark on an expression of interest process where Māori, Pasifika and whanau members and people with lived experience of suicide can be involved so that this meets the needs of the community.

Bernie O'Donnell commented that he applauded the efforts of trying to provide the right solutions but he felt that it should be centred on what the engagement would actually look like. The co-design and collaboration where design is undertaken with iwi and Pasifika to understand the indigenous solutions is missing from this. He commented that it should be, "nothing about us without us".

Zoe Brownlie agreed and asked how the voice of youth/young people was to be sought and involved at the governance level.

Tracy Silva-Garay advised that this framework was agreed to two years ago. Initially it was to be introduced at Waitemata DHB and then Auckland DHB. A lot of groundwork was undertaken at that time. There was a Mental Health and Addictions Board in place so was not Provider Arm driven. Primary Care and NGO, including Māori and Pasifika representation were on that Board. This project was disrupted by COVID 19 in 2020 and the Project Manager moved on. A new appointment is imminent. The reason for choosing the Child and Youth and Regional Services which includes Hapai Ora – Early Psychosis Intervention Service for younger people aged 13 to 30, Tapu Ora - Eating Disorder Service, Aronui Ora – Maternal Mental Health Service and Tu Maia – Regional Forensic Service, was that those services see a high Māori and Pasifika population accessing the teams. It was felt it would be easier to adopt in this service grouping and to test and learn and then implement across the other 23 services and five in-patient units.

Bernie O'Donnell commented that there was a difference between co-governance and co-design which needed to be better understood. Western culture is not Maori culture and intergenerational trauma over years was something yet to be addressed. Bernie saw this as a lost opportunity to co-design something that was fit for the Maori community. Pasifika would have their own narratives that could have been brought into a co-design opportunity.

Tama Davis agreed adding that this was why he sat at the table and why all members were present so that contestability could be brought to issues. He acknowledged the network of academics in the community who had invested time and energy to these issues. He was happy that this was just one solution among a number and was not a one size fits all scenario.

Fiona Lai commented that suicide was something that affected all ethnicities and touched all communities. She felt that Youthline would have a good contribution to make in any collaborative effort.

Michael Quirke respected that it was a tough area for staff to work within. He felt that the discussion had been robust. He considered too that this was an "and/and" situation and had no difficulty in the use of a programme that had been shown to be effective in other parts of the world being introduced into a wider plan. He commented it is hard working collaboratively with progress not always being as swift as desired and timeframes would be key to lock in. Tracy Silva-Garay advised that this was initially a three year project so the Zero Suicide Project Officer would be appointed for another two years. Baseline data was

being sought so that the outcomes could be published. This is just one part of a system and fits well with the "Just Culture" work rolled out by the DHB. There is a huge emphasis on care planning with work being done with HQSC in terms of connecting care as it is acknowledged that transitions, moving from one service to another whether within the DHB or back to the community, is a risk period for individuals. There are many interconnecting pieces of work to be considered.

Heather Came drew attention to page 46 of the agenda where mention was made to the "principles of ti tiriti o Waitangi" and she asked that this cease. Bernie O'Donnell clarified that it should be "articles" not "principles". Principles dilute the articles.

Michelle Atkinson commented that the majority of suicides are completed by men and asked what the influence of that might be, the considerations involved and how it was being addressed in the plan. Manu Fotu advised that there had been a focus on Maori men and the plan itself is flexible enough to have activity to specifically target men. He also advised the Governance Group is being reviewed to ensure that the right membership exists and currently there is good representation by men.

Bernie O'Donnell commented that he would like to see in future reports commentary on the engagement that had been undertaken and more consideration of the difference between co governance and co-design.

Resolution: Moved Jo Agnew / Seconded Fiona Lai

That the Community and Public Health Advisory Committee recommend that the Board:

1. **Approves the joint Auckland and Waitematā DHB suicide prevention and postvention action plan 2020 - 2023**
2. **Note the collaborative work that has been undertaken to develop this plan**
3. **Notes that an update of the Zero Suicide Framework is to be brought back to the next Community and Public Health Advisory Committee meeting with consideration of the following:**
   - the difference between co-governance and co-design
   - a clear plan for collaboration and co-design with Māori and Pasifika provided
   - a timeframe added

Carried

7 INFORMATION REPORTS

7.1 Auckland Regional Public Health Service Briefing (*Pages 65-83)*

Dr William Rainger, ARPHS Director and Jane McEntee, ARPHS General Manager were in attendance to present the report and answer questions.

ARPHS has been highly focused on the COVID response. Notably during this period there had been several relatively small scale outbreaks compared to the end of last year. February was the last event that led to an elevated alert level and which had operational considerations.

Continued refinements have been made to COVID responses.

There has been good support from the region and the three metro DHBS through the Northern Region Coordination Centre. There has been a maturing of the national approach through working with the other Public Health Units and the Ministry and the information systems developed by the Ministry. It is essential that those systems work well for the country and they are maturing in a way that we would have hoped.

The manaakitanga and welfare support that is essential for people when they are being asked to isolate or quarantine within the community has been developed through working with a network of providers and community groups throughout the region. ARPHS has been further developing their own Pasifika and Pae Ora Māori response teams which has been important because it allows opportunities to expand and develop across ARPHS as a whole. This is an investment in the future of the organisation so it can be more responsive.

At the moment there are no community cases but ARPHS continues to ready itself for whatever might come its way given the rise of the delta variant.

Other communicable diseases during the COVID period by and large have been seen at a lower rate than in previous years. One exception has been enteric illnesses with a number of small outbreaks in November and December of last year.

Other core business as usual lies around policy work and non communicable disease work and it is pleasing that work has been progressed in the areas of alcohol, tobacco and "Healthy Auckland Together". One of the features across those domains has been the ability to firm up how ARPHS works with the DHBs in delivering coordinated work and submissions.

Looking to the future, ARPHS are actively engaged with the DPMC and work done within the Ministry in relation to the Public Health Agency.

The following was covered during discussion:

Heather Came was advised that ARPHS currently carried 24vacancies at this time with recruitment underway. There was a funding increase in the last budget and there was agreement with the three DHBs around addressing any remaining deficit so ARPHS is looking to fully recruit to the full 167 FTE.

Heather Came drew attention to page 79 of the agenda which outlined the vision and outcomes and asked where Māori health and ti tiriti fitted into that framework. Dr Rainger advised that in current developments with ti titiriti there is an existing relationship with Hapai as a partner organisation (acknowledging that this does not constitute a treaty relationship but is a way of working) and ARPHS have recently re-engaged with Ngati Whatua and work with both groups on issues that they identify that is of importance to them. Māori colleagues have been asked to present on what the internal Pae Ora model might look like. The other dimension is building the workforce and capacity supporting in a tikanga way existing staff and looking at recruitment of more Māori staff.

This information is contained in two of the high level outcomes, Māori Health Gain and Equity which appear in the ARPHS strategy and on the website. The strategy was developed

a number of years ago so it is now being reflected on as to what a genuine and effective treaty partnership might look like for ARPHS and how that can be progressed. This work was started prior to the health reforms being announced. The imminent health reform adds an impetus to the work but the work is totally congruent. ARPHS relationship with mana whenua will be of central importance as to how ARPHS operates.

Bernie O'Donnell commented that ARPHS did a great job during COVID when a crisis dictated that partners had to be reached out to. ARPHS tapped into Māori trusted voices and sources. This goes a long way to developing richer relationships.

Bernie O'Donnell commented that it would be good to have a report on how Smokefree 2025 is tracking. He observed that there should be a joined relationship between alcohol and suicide prevention because alcohol plays a huge role in damaging the wairua of the Māori people. It is one of the social determinants of health that make Māori unwell. Social determinants relate to access to quality housing, education, the health system and financial stability leading to financial security.

Fiona Lai was advised that ARPHS was in the process of recruiting an additional fixed term position for 6 month to allow additional clinics to address the BCG vaccination backlog. If there is an alert level lock down, unless it is alert level 4, these clinics will continue. The challenge is the demand and competition for vaccinators.

Fiona Lai asked for statistics to be provided on the number of those transitioning from smoking to vaping and from a non-smoker to vaping as she saw this as being a future challenge. Dr Karen Bartholomew referred Fiona Lai to an earlier paper on vaping that had been considered by CPHAC on these issues and to work on an updated Smokefree (inclusive of vaping) plan that has been started. After the national Smokefree plan is released the DHB Plan would be brought to the Committee for further discussion.

Michael Quirke commented that the food and drink marketing made stark reading and asked what had resulted from the submission made in September of last year in terms of redressing issues associated with the 1991 Act. Jane McEntee was not sure of timeframes but advised that ARPHS had just made a submission on the Food Standards Australia and New Zealand Acts. As this was Australasian focussed it could add some complexity and time to resolving issues.

Resolution: Moved Michelle Atkinson / Seconded Bernie O'Donnell

That the Community and Public Health Advisory Committee receive this update from the Auckland Regional Public Health Service on key areas of work that are underway and/or have been completed since the last report in September 2020

Carried

7.2 Oral Health in the Auckland Region (*Pages 84-100)*

Ruth Bijl, Funding and Development Manager, Children, Youth and Women, Deepa Hughes, Programme Manager, Oral Health and Youth Health and Dr Alison Leversha, Community

Pediatrician and asked that the paper be taken as read, drawing to a regionally led piece of work (by Aroha Haggie) which is locality based and co-designed being undertaken in Counties Manukau DHB. This is to look at how the service can be undertaken differently in a locality where the health need is the greatest among Māori and Pasifika children.

Heather Came commented that the Māori oral health rates were alarming and asked whether some of this related to social determinants around health where some do not have access to toothbrushes and toothpaste. The report has a big focus on dealing with those with the ailment but little focus on prevention. Ruth Bijl advised that it was more than that and related to access to healthy food, the sugary beverages that were being consumed and fluoridation of water. Counties Manukau DHB, as has Auckland DHB, had run programmes to introduce brushing of teeth into pre-school programmes and had looked at preventative measures such fluoridated varnishes applied directly to teeth.

Tama Davis asked how information was being provided to schools and school boards informing them of these healthy choices such as water over sugary drinks and was advised that the regional collaborate "Healthy Auckland Together" was addressing this via programmes and campaigns. Tama Davis commented that not all schools were getting information around oral health including any dental programme for children at the charter level and that is where the design for the school programme emanates from. He would like to know what things were actually being done in this area.

Heather Came commented that public health elements need to be highlighted in all plans. The critical element and contribution of public health need to be brought forward.

Bernie O'Donnell again stressed that in terms of hauora there is a relationship between oral health, diet, obesity and diabetes. Economic hardship then forces Māori to make incorrect lifestyle decisions around diet. That relates in turn to poor oral health. Bernie commented these elements go beyond the scope of its services as a hospital. Working in a multi sectorial way carries the connotation of working across silos and what whanua ora promised was to break those silos down.

Tama Davis referred to distributed leadership when understanding aspects of socio-economics in a Māori world. Whanau Ora and tangihanga on the marae allow a number of people to fulfil need in a setting that allows efficiency of movement with an eye on outcomes designed around safety and well-being.

Jo Agnew referred to appendix one and oral health outcomes and the caries free rate for children at age 5 in Auckland and asked how many children fell through the gaps and had no form of dental treatment until they got to school. Advice was given that this was around 15% which was why the Counties Manukau DHB pilot was very important as the DHBs needed that Māori and Pasifika population to say what the solution was for them and the DHB stop saying here is the service we offer.

Dr Alison Leversha advised that the statistics show these children in three distinct groups. The first will never get any caries and require little dental intervention. There is a very small group, maybe about 5% and of those 50% will have caries by the time that they are three years old. The data needs to be interrogated to determine who these children are so that more time can be spent with this at risk group.

Resolution:

That the Community and Public Health Advisory Committee notes the update on Oral Health in the Auckland region since the last report in November 2020

Carried

7.3 Rheumatic Fever Deep Dive (*Pages 101-113)*

Ruth Bijl, Funding and Development Manager, Children, Youth and Women and Dr Alison Leversha, Community Pediatrician, Kim McRae, Project Manager, Dr Carrie Bryers, Public Health Registrar, and Jackson Rowe-Williams, Researcher asked that the report be taken as read, advising as follows:

Rheumatic fever is a problem associated with poverty, poor housing and socio-economic determinants and particularly affects Māori and Pasifika. The ethnic inequity of distribution continues to drive elevated rates of RHD and contributes to the premature death for Māori and Pasifka.

The following was covered during discussion:

Heather Came referred to page 108 and the reduction of household crowding and bed sharing by children asking what plan there was for this. Staff agreed that this was a fraught area. Currently there is a review being undertaken of families with lived experience of the healthy housing initiative. With intergenerational living the norm for many of these families there is a need to know how they live and how they perceive their home. These issues and questions need to be asked in a non-judgemental and safe way so that those families that do have unhealthy homes can be identified and appropriately referred.

Heather Came asked why health promotion professionals were not delivering the health promotion programmes and was advised that the DHB did not have the resourcing to send in a health promoter to do that piece of work. The people being referred to the healthy housing programme are receiving a healthy housing assessment from a Social Worker who also ensured that they were getting all the benefits that they were entitled to so that the financial elements were covered along with talking about more pragmatic things of day to day living.

Bernie O'Donnell commented that housing was an opportunity and not an end game. It was about engaging with these families and then changing the focus of that conversation from housing to "homes". The real goal was how to make a home for whanau which includes all elements of the social determinants talked about earlier. It's around engaging with families and asking what really matters to them, that is the real opportunity and we miss it.

Tama Davis commented that this is about the practise of understanding the community and focusing on those areas that had been neglected. In the Māori world there are no separate communities. Issues arise because of health literacy. Who the voices are informing the community to get them to engage is important. It is not just those who are economically challenged but those too that have access to services but are perpetuating ill-informed

health decisions.

Michael Quirke considered that this report was one of the most well put together he had read in some time with the use of statistics clearly showing what was working and what was not. This is a macro economically determined problem being a symptom of decisions made over a number of years. He appreciated it was a difficult situation for staff to deal with.

Resolution: Moved Tama Davis / Seconded Michael Quirke

That the Community and Public Health Advisory Committee:

1. **Note the history of national and local rheumatic fever activity since 2012.**
2. **Note that the Ministry of Health rheumatic fever funding has reduced over time and will cease in July 2022.**
3. **Note that school-based throat-swabbing programmes have not been effective as has been initially hoped, particularly in the Auckland DHB region with lower incidence, more dispersed cases, and low coverage of high-risk children through the school-based programme.**
4. **Note a focus on prevention for those with known ARF remains critical to preventing life-limiting Rheumatic Heart Disease consequences and improvements have been made to the DHB Bicillin programme.**
5. **Note that the recent case-control study suggests that action on other modifiable risk factors may be as effective, particularly housing interventions, which has been a focus of DHB activity for some time and which we welcome the recent budget announcement of continued investment. Note that the team continues to work to improve the Noho Āhuru Healthy Housing service, including recent expansion of the multidisciplinary team.**
6. **Note the current focus of activity is on improvements to Noho Āhuru (primordial prevention) and holistic management of Rheumatic Fever and Rheumatic Heart Disease (secondary and tertiary prevention).**

Carried

8 GENERAL BUSINESS

There was none.

9 RESOLUTION TO EXCLUDE THE PUBLIC (*Pages 115-116)*

Resolution: Moved Tama Davis / Seconded Fiona Lai

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Attendance and Apologies	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2. Conflicts of Interest	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Minutes – 17 March 2021	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Action Points - Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5. General Business		That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 3.40.

Signed as a true and correct record of the Board meeting held on Wednesday, 16 June 2021

Deputy Chair: _____ Date: _____

Michelle Atkinson

CEO Remuneration Review

Recommendation

That the Board approves the CEO Remuneration Review for July 2021 of Nil increase in line with public sector guidance for those earning over $100k

Prepared by: Mel Dooney (Chief People Officer)
Endorsed by: Pat Sneddon (Chairman)

On 5 May 2021, the Minister for the Public Service issued the Government Workforce Policy Statement setting out the Government's expectations of how it wants employment relations effectively managed.

To help give effect to this, the Public Service Commissioner has issued Public Service Pay Guidance 2021. This includes a recommendation that no pubic servants earning over $100K receive an increase in the current salary review cycle.

In line with these, the Commissioner's guidance is for a nil increase when the Board review's the chief executive, Ms Claire's, remuneration which is due with effect from 1 July 2021.

Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3.1 Confirmation of Confidential Minutes 26 May 2021	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.2 Emergency Board – 18 June 2021 - Fit Out Tōtara Haumaru/North Shore Hospital – Building for the Future Tranche One	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.3 Emergency Board – 23 June 2021 - 2021/22 Draft 2 High Level Budget	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.4 Emergency Board – 14 July 2021 – COVID 19 Vaccination Programme Cost	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3.5 Circulated Resolution of the Board – 11 June 2021 – Approval of 2020/21 Audit Plan	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	made public.	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4.0 Confidential Action Points	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Risk Management Update	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Chief Executives Confidential Verbal Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prevent Improper Gain** Information contained in this report could be used for improper gain or advantage if it is made public at this time [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Human Resources Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Finance, Risk and Assurance Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Hospital Advisory Committee Report	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.1 ACH Building A32 LED Lighting Renewal	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.2 Auckland Metro DHBs Holidays Act Remediation Business Case	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

9.3 All of Government Panel Contract For Office Supplies	**Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9.4 Contract Renewals and Price Increases – Funder Community Health Service Providers 21/22	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
10.0 Discussion Reports - Nil	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.1 Nursing	**Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
11.2 Vaccination	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

11.3 Capacity	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]